

CALIFORNIA'S MEDICAL ASSISTANCE PROGRAM

ANNUAL STATISTICAL REPORT

CALENDAR YEAR 2002



The Great Seal

MEDICAL CARE STATISTICS SECTION

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This report is for informational purposes only and does not purport to be, or attempt to give a legal interpretation of rules, regulations, and laws pertaining to the Medi-Cal Program.

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The production of this report was made possible with the assistance of the following departmental staff:

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Additionally, special acknowledgment is given to: Celine Donaldson; Ken Jansma; Jan Rains; Jim Klein; Maura Donovan; Systems Support Section, Information Technology Services Division; Medi-Cal Benefits Branch; Medi-Cal Eligibility Branch, Medi-Cal Managed Care Division; Payment Systems Division; Electronic Data Systems Corporation; and Population Research Unit, State Department of Finance.

SUGGESTED CITATION

Hiehle, G. and Cline, M. 2003. California's Medical Assistance Program, Annual Statistical Report, Calendar Year 2002. California Department of Health Services, Sacramento,

November 2003

Medi-Cal Program

Calendar Year 2002

This report presents statistical data on Medi-Cal program services, expenditures and eligibles for Calendar Year 2002.

Medi-Cal is California's Medicaid program, administered by the State of California, but funded jointly by the federal and state government. Medi-Cal provides health care coverage for low-income persons lacking health insurance. The federal government created the Medicaid program in 1965 as Title XIX of the Social Security Act. Medi-Cal is large, complex, and covers many different types of programs. Besides the Department of Health Services, other State Departments administering or coordinating the delivery of Medi-Cal services include: Department of Aging (Multipurpose Senior Services Program (MSSP) and Adult Day Health Care (ADHC)), Department of Developmental Services (Home and Community-Based Services (HCBS), Department of Mental Health (Short-Doyle, Inpatient Mental Health, and State Mental Hospitals), and Department of Social Services (In-Home Supportive Services and other health related activities). Within the Department of Health Services, some of the programs involved in administering or coordinating delivery of Medi-Cal services include the following:

- Medi-Cal Dental Services Branch/Payment Systems Division (Dental);
- Office of AIDS;
- Children's Medical Services (EPSDT);
- Medi-Cal Contracting Section (Drug rebates, formulary);
- Hospital Finance & Capitation Section/Medi-Cal Policy Division, (Disproportionate Share Payments);
- Division of Primary Care and Family Health (Family Planning, Access, Care and Treatment (FPACT) program);
- Medi-Cal Managed Care program.

In addition to these organizations, others are involved for persons who may have dual eligibility for Medi-Cal and some other State-funded program, such as California Children's Services, Children's Health and Disability Services, or County Medical Services Program. Persons may also be both on Medi-Cal and Medicare, the Federal health program for people 65 or older, certain people with disabilities, and people with end-stage renal disease (ESRD), in which case Medi-Cal contributes a small portion of the cost for fee-for-service goods and services.

The Managed Care Annual Statistical Report

The Annual Statistical Report does not cover Medi-Cal's Managed Care Program in great detail. That information is available on the Medical Care Statistics Section (MCSS) Website in the Managed Care Annual Statistical Report at <http://www.dhs.ca.gov/mcss>.

The Managed Care Annual Statistical Report provides information about the medical managed care programs rendering care to Medi-Cal eligibles. It also gives a description of the types of programs providing managed care services to Medi-Cal beneficiaries, the number of persons enrolled, and a description of some of the demographic and eligibility characteristics of this population.¹

The Managed Care Annual Statistical Report does not present cost or utilization information for the Medi-Cal managed care population. Cost data for this population, as well as those in Fee-For-Service (FFS), are available in this report. Managed care utilization information is currently limited, but will become available at a future date from the State Department of Health Services (DHS). Detailed information about dental managed care can be obtained from the DHS Payment Systems Division, Office of Medi-Cal Dental Services.

Please note the source for the enrollment and demographic charts and graphs in the Managed Care Annual Statistical Report is the Monthly Medi-Cal Eligibles File, produced each month by the Department of Health Services. Eligibility data from this file for a previous month of eligibility was used to allow retroactive eligibles to be posted. In most cases, the month of eligibility for July 2001 was used from the file created late December 2001.

Other information related to Medi-Cal managed care is available on the DHS MCSS website. The report entitled "Report on the Use of Medi-Cal Managed Care Encounter Data for Research Purposes," issued January 2002 (found under "Publications" on the MCSS website) reviews the quality and completeness of managed care encounter data. Current and historical counts of managed care beneficiaries by different variables are available in the "Beneficiary Data Files" section of the MCSS website.

¹ The terms "eligible," "beneficiary," and "enrollee" are used interchangeably within Medi-Cal. Each refers to a person who meets all requirements for receiving a Medi-Cal medical service or good (e.g., drugs, DME items) and is enrolled in the Medi-Cal program. These terms are differentiated from the term "user," who is a beneficiary actually receiving a service, drug, or DME item, etc.

**CALIFORNIA'S MEDICAL ASSISTANCE PROGRAM
ANNUAL STATISTICAL REPORT
Calendar Year 2002**

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NOTE ON DATA PRESENTATION

Generally, the data in this report include the Medi-Cal Fee-For-Service Program, including Medi-Cal beneficiaries in State Hospitals and Medi-Cal beneficiaries covered under a capitation contract with Delta Dental Service.

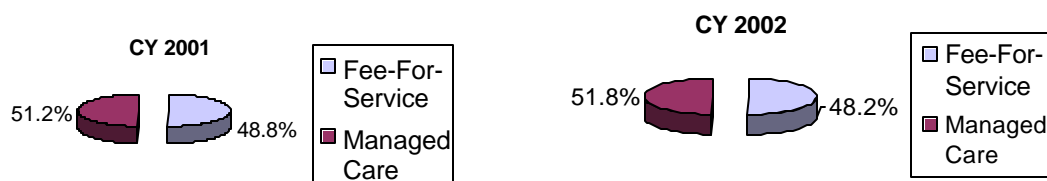
Data on Capitated Health Systems are excluded from a number of tables in this report. Capitated Health Systems receive a monthly capitation payment to provide services to enrollees, so cost figures for specific services are not available.

Capitated Health Systems data are included in Tables 1A, 1B, 1C, 2, 13, 14, 15, 17, 25, 26, 28, and 29.

The Fee-For-Service data for Primary Care Case Management Plan (PCCM) beneficiaries are included in this report. The only remaining PCCM in operation is Positive Healthcare in Los Angeles county.

During Calendar Year 2002, those enrolled in comprehensive managed care plans, County Organized Health Systems (COHS) and Health Care Plans (HCP) comprised 51.8 percent of the total Medi-Cal population. As used here, “comprehensive plans” means those plans that are capitated to provide more than a limited range of services, including Two Plan Models and Geographic Managed Care (GMC). Plans that provide only dental or mental health, for example, are not comprehensive plans. PCCMs are not comprehensive plans.

Use of any expenditure data series for comparison of trends over time is infeasible since the advent of the managed care program, because of a sharp decline in service reporting among new managed care plans.



The combined fee-for-service and managed care populations are included in Tables 1A, 1B, 1C, 1, 17, 25, 26, 28, and 29, which reports on the eligible population. The majority of the remaining tables include only fee-for-service data. Tables 13, 14, and 15 include only those enrolled in comprehensive managed care plans.

MEDI-CAL PROGRAM STATISTICAL SUMMARY

Calendar Year 2002

In 2002, an average of 6.1 million persons per month were eligible for Medi-Cal. This includes Fee-For-Service (FFS), County Organized Health Systems (COHS), and Health Care Plans (HCP). This represents an increase of 11.0 percent from 2001.

A total of \$1.3 billion in prepaid capitations were received by COHS (an increase of 6.0 percent from 2001) to provide non-dental medical services for an average of 512,261 eligibles per month during 2002 (an increase of 11.6 percent from 2001).

The 2,669,661 persons enrolled in HCPs each month reflected a 10.8 percent increase from 2001. HCP capitation payments totaled \$3.3 billion, which is a 14.3 percent increase from 2001.

In the FFS system, there were 2.0 million persons who used Medi-Cal benefits each month in 2002. Provider payments for those users totaled \$14.7 billion, which was 14.8 percent or \$1.9 billion more than in 2001.

The average cost per FFS user was \$619.46 per month (up 4.8 percent from 2001) and the average cost per FFS eligible was \$414.18 per month (up 4.8 percent from 2001).

Public Assistance FFS eligibles averaged 1.3 million persons per month, a decrease of 0.5 percent from 2001. This aid group accounted for 45.2 percent of the FFS eligible population, 56.6 percent of the users, and 52.1 percent of total provider payments (\$7.7 billion).

Medically Needy FFS eligibles averaged 1.1 million persons per month in 2002, an increase of 21.1 percent from 2001. The increase is mainly due to the expansion of the 1931(b) program, which was implemented in March 2000. The Program revised deprivation based on unemployment to include families with income below 100% of poverty and increasing the 1931(b) income limit to 100% of poverty. Medically Needy accounted for 37.7 percent of FFS eligibles, 30.6 percent of users, and 37.9 percent of total provider payments (\$5.6 billion). Other factors were continued growth in the Aged and Disabled Expansion Program, elimination of the quarterly status report and implementation of continuance eligibility for children, all of which were implemented in January 2001.

Medically Indigent FFS eligibles averaged 76,359 persons per month, an 21.0 percent increase from 2001. Medically Indigent accounted for 2.6 percent of FFS eligibles, 1.9 percent of users, and 1.4 percent of total provider payments (\$202.5 million).

County and community hospital services accounted for 23.9 percent of 2002 FFS provider payments. County hospitals received \$721.2 million. Community hospitals received \$2.79 billion.

Medi-Cal purchased Medicare Part A and Part B Supplemental Medical Insurance for an average of 866,713 Aged and Disabled eligibles each month in 2002. Monthly premiums averaged \$50.7 million.

Total Medi-Cal program expenditures for Fiscal Year (FY) 2001-2002 (excluding administration costs) accounted for \$24.5 billion (up 9.8 percent from FY 2000-2001). The only expenditure type that decreased was Disproportionate Share Hospital (SB 855).

Section 1

HIGHLIGHTS OF 2002 PROGRAM CHANGES

The following discusses the major changes in Medi-Cal and related programs during calendar year 2002.

Breast and Cervical Cancer Treatment, January 2002

The Breast and Cervical Cancer Treatment Program (BCCTP) was created and funded effective January 1, 2002, by the Budget Act of 2001 (Chapter 106, Statutes of 2001). Federal funding is available for women with income below 200% of the Federal Poverty Level (FPL), who are under age 65, who are legal immigrants and have no other health coverage. These women are eligible for free scope Medi-Cal coverage for the length of their treatment.

Women over 65 or with inadequate health coverage, undocumented persons, and males are covered for cancer treatment only under a State-only funded program. Coverage is limited to 18 months for breast cancer and 2 years for cervical cancer. Also covered is the cost of emergency services for undocumented persons for the duration of the cancer treatment.

Beneficiaries must be screened through Centers for Disease Control and Prevention (CDC) providers.

Genetic Disease Screening Increase, January 2002

The Hereditary Disorders Act (Section 125000 of the Health and Safety Code) requires screening of all newborns for heritable metabolic disorders, sickle cell disorders, and hereditary hemoglobin. The Genetic Disease Testing Program, which provides these screens, is required to be self-supporting through the collection of participation fees. The Department has promulgated regulations that increased these fees effective January 1, 2002, from \$42 per screening to \$56 and effective July 1, 2002, from \$56 to \$60. Medi-Cal pays the fee for newborns eligible for the program.

Health Care Financing Administration Name Change, February 2002

The Health Care Financing Administration (HCFA) has been renamed to Centers for Medicare & Medicaid Services (CMS). CMS is the federal agency that oversees the various state Medicaid programs such as California's Medi-Cal Program.

New Dental Benefits for Pregnant Women, April 2002

The Department added preventive periodontal services and periodontal treatment to the scope of Medi-Cal benefits for women who qualify for pregnancy-related and/or emergency services only aid categories. These benefits were added due to recent scientific evidence showing an association between periodontal disease in pregnant women and adverse birth outcomes. These benefits may help prevent preterm delivery and low birth weight, which is important for the health of both the mother and her newborn. Providers are encouraged to refer beneficiaries to a dentist during pregnancy.

CalWORKs Medi-Cal Support Restriction Codes, June 2002

Under current regulations, CalWORKs applicants and recipients who refuse to cooperate with child support and medical support enforcement have their grants reduced by 25% and should be denied or discontinued from the Medi-Cal program. Since MEDS and the county computer systems have linked CalWORKs recipients with Medi-Cal, there has been no operational method to provide CalWORKs grants and not provide Medi-Cal benefits. Effective with June 2002 benefits, restriction codes were instituted on MEDS so that county welfare department (CWDs) can approve or reduce applicant or recipient CalWORKs grants and deny or discontinue their Medi-Cal benefits.

Medical Supply Reductions, September 2002

The Budget Act of 2002 includes the savings from contracting for medical supplies, reducing incontinence supply reimbursement, reducing medical supplies mark-up from 25% to 23% and other administrative changes.

Drug Budget Reduction, September 2002

The Budget Act of 2002 assumed savings in 2002 from the following Medi-Cal drug reductions: establishment of AIDS and cancer drugs supplemental rebates; completion of a therapeutic category review on antipsychotic drugs; creation of a list of preferred prior authorization drugs; reducing payment for prescriptions to AWP-10%, eliminating direct pricing and reducing the professional fee for over the counter drugs.

Drug Reimbursement Reduction, October 2002

Senate Bill 651 (Chapter 190, Statutes of 1999) increased reimbursement rates for prescription drugs paid to pharmacies by \$.25 effective January 1, 2000, and by another \$.15 on July 1, 2002. The Budget Trailer Bill (AB 442) eliminated the increase.

The Budget Act of 2002 reduced the drug reimbursement rates by \$.40 per prescription, effective October 1, 2002. Long term care patients are exempt from this reduction.

SECTION 2

MEDI-CAL ELIGIBLES AND USERS

MEDI-CAL ELIGIBLES, ALL PROGRAMS - TABLE 1A

Total Medi-Cal eligibles, (including Fee-For-Service (FFS), County Organized Health Systems (COHS), and Health Care Plans (HCP) averaged 6.1 million persons per month in 2002, an increase of 11.0 percent from 2001.

Enrollment of Medi-Cal eligibles in COHS increased 11.2 percent and HCPs increased 12.6 percent in 2002. For additional information, see Section 5, Medi-Cal Capitated Health Systems, page 36.

FFS Medi-Cal eligibles averaged 3.0 million persons per month, an increase of 9.5 percent from 2001.

FFS Public Assistance (PA) eligibles averaged 1.3 million persons per month in 2002, a decrease of 0.5 percent from 2001. PA eligibles accounted for 45.2 percent of all FFS eligibles.

Total FFS Medically Needy (MN) eligibles, including 1931(b) eligibles, averaged 1.1 million persons monthly and increased 21.1 percent from 2001. MN eligibles accounted for 37.7 percent of all FFS eligibles.

Total FFS Medically Indigent (MI) eligibles averaged 76,359 persons monthly and increased 21.0 percent from 2001. MI eligibles accounted for 2.6 percent of all FFS eligibles.

The FFS MI/MN Alien Without SIS, formerly called the OBRA program, averaged 229,821 eligibles per month in 2002, an increase of 21.5 percent from 2001. MI/MN Aliens program eligibles accounted for 7.8 percent of all FFS eligibles.

The FFS Refugee/Entrant programs averaged 1,101 persons monthly, a decrease of 29.4 percent from 2001. Refugee/Entrant program eligibles accounted for less than 0.1 percent of all FFS eligibles.

The FFS 100 Percent Poverty, 133 Percent Poverty, and Income Disregard Poverty program averaged 177,334 persons monthly, or 6.0 percent of all FFS eligibles.

Data for the FFS Presumptive Eligibility for Pregnant Women program are not available.

The remaining FFS programs (60-Day Postpartum, Special Treatment, Qualified Medicare Beneficiary, Medi-Cal Tuberculosis, Minor Consent and BCCTP) averaged 19,876 persons per month, an increase of 81.57 percent from 2001. These programs accounted for 0.7 percent of all FFS eligibles.

The Medi-Cal Family PACT (Planning, Access, Care and Treatment) waiver was effective December 1, 1999. These eligibles, who are not otherwise eligible for Medi-Cal, averaged 1,395,766 per month during CY 2002.

TABLE 1A

MEDI-CAL PROGRAM
AVERAGE MONTHLY ELIGIBLES BY PROGRAM AND AID CATEGORY
CALENDAR YEARS 2000 AND 2001

(COHS, HCPs, AND FFS)

PROGRAM AND AID CATEGORY	CALENDAR YEAR 2001	CALENDAR YEAR 2002	CHANGE	
			Number	Percent
TOTAL (Excluding Family PACT)	5,530,632	6,137,872	607,240	11.0
County Organized Health Systems (COHS)	460,754	512,261	51,508	11.2
Health Care Plans (HCPs)	2,371,543	2,669,661	298,118	12.6
Fee-For-Service (FFS)/1/	2,698,335	2,955,950	257,615	9.5
Public Assistance	1,344,670	1,337,528	(7,142)	(0.5)
Aged	323,231	327,047	3,816	1.2
Blind	21,139	20,921	(218)	(1.0)
Disabled	634,171	647,209	13,038	2.1
Families	366,129	342,351	(23,778)	(6.5)
Medically Needy	920,702	1,114,512	193,810	21.1
Aged	132,071	155,485	23,414	17.7
Blind	794	989	195	24.5
Disabled	63,148	77,287	14,139	22.4
Families	724,690	880,751	156,062	21.5
Medically Indigent	63,089	76,359	13,270	21.0
Adults	4,768	4,482	(286)	(6.0)
Children	58,321	71,877	13,556	23.2
MI/MN Alien Without SIS	189,181	229,821	40,640	21.5
Refugee/Entrant	1,559	1,101	(458)	(29.4)
100 Percent Poverty	41,206	43,518	2,312	5.6
133 Percent Poverty	33,905	33,245	(660)	(1.9)
Income Disregard	87,823	100,571	12,748	14.5
60-Day Postpartum	1,587	2,013	426	26.8
Special Treatment	44	53	10	22.7
Qualified Medicare Beneficiary	5,049	5,177	128	2.5
Presumptive Eligibility for Pregnant Women	INA	INA	INA	INA
Medi-Cal Tuberculosis Program	682	958	276	40.4
Minor Consent	8,837	9,706	869	9.8
BCCTP	INA	1,969	1,969	INA
Family PACT	1,234,582	1,395,766	161,184	13.1

INA Information Not Available.

/1/ Excludes County Organized Health Systems and Health Care Plans.

Note: Figures are rounded independently and may not add to totals.

Figures in parentheses () indicate negative numbers.

Family PACT is funded by Title XIX and General Fund based on a Title XIX waiver.

The men and women who receive Family PACT services are not eligible for Medi-Cal.

Family PACT data is limited to Tables 1A, 1B, and 2 of this report.

The 185 and 200 Percent programs have merged and are now called Income Disregard.

The Dialysis and Total Parenteral Nutrition programs have merged and are now called Special Treatment.

Source: State of California, Department of Health Services, MCSS File HCP0212_Benes_by_Managed_Care_Plan_2002_12, created from the December 2002 Month of Eligibility File using a six-month lag.

State of California, Department of Health Services, MCSS File FPACT Eligibles Over Time, created from FMEF File. (Tables 14, 15 and 18 of this report).

AVERAGE MONTHLY ELIGIBLES BY FEE-FOR-SERVICE
AND MANAGED CARE TYPE – [TABLE 1B](#)

Table 1B shows the average monthly eligibles by Fee-For-Service (FFS) and Managed Care type.

The table shows a separate count of eligibles for FFS, County Organized Health Systems (COHS), Two-Plan/GMC and Other Managed Care Plans by Program and Aid Category.

Total Medi-Cal eligibles (including FFS, COHS, Two-Plan/GMC and Other Managed Care Plans) averaged 6.1 million persons per month in calendar year 2002.

In FFS and Managed Care, the Public Assistance category was the largest. It comprised 45.2 percent of the FFS population; 45.8 percent of the COHS; 47.2 percent of the Two-Plan/GMC, and 76.7 percent of Other Managed Care.

TABLE 1B
MEDI-CAL PROGRAM
AVERAGE MONTHLY ELIGIBLES BY FEE-FOR-SERVICE and MANAGED CARE TYPE
CALENDAR YEAR 2002

PROGRAM AND AID CATEGORY	TOTAL	Fee-For-Service (FFS)		Managed Care Type					
		Average Monthly Count	Percent of Total	COHS		Two-Plan/GMC		Other Managed Care Plans*	
				Average Monthly Count	Percent of Total	Average Monthly Count	Percent of Total	Average Monthly Count	Percent of Total
TOTAL (Excluding Family PACT)	6,110,472	2,956,538	100.0%	514,799	100.0%	2,634,388	100.0%	4,747	100.0%
Public Assistance	2,821,222	1,337,528	45.2%	235,616	45.8%	1,244,437	47.2%	3,641	76.7%
Aged	379,857	327,047	11.1%	43,542	8.5%	7,108	0.3%	2,160	45.5%
Blind	24,980	20,921	0.7%	2,523	0.5%	1,458	0.1%	78	1.6%
Disabled	807,234	647,209	21.9%	74,133	14.4%	84,859	3.2%	1,033	21.8%
Families	1,609,151	342,351	11.6%	115,418	22.4%	1,151,012	43.7%	370	7.8%
Medically Needy	2,535,928	1,114,512	37.7%	231,798	45.0%	1,188,558	45.1%	1,060	22.3%
Aged	181,241	155,485	5.3%	22,887	4.4%	2,242	0.1%	627	13.2%
Blind	1,151	989	0.0%	126	0.0%	34	0.0%	2	0.0%
Disabled	91,048	77,287	2.6%	11,274	2.2%	2,393	0.1%	94	2.0%
Families	2,262,488	880,751	29.8%	197,511	38.4%	1,183,889	44.9%	337	7.1%
Medically Indigent	141,253	76,359	2.6%	12,121	2.4%	52,753	2.0%	20	0.4%
Adults	6,061	4,482	0.2%	818	0.2%	761	0.0%	0	0.0%
Children	135,192	71,877	2.4%	11,303	2.2%	51,992	2.0%	20	0.4%
MI/MN Alien Without SIS	230,710	229,821	7.8%	857	0.2%	32	0.0%	0	0.0%
Refugee/Entrant	2,550	1,101	0.0%	174	0.0%	1,275	0.0%	0	0.0%
100 Percent Poverty	110,952	43,518	1.5%	8,968	1.7%	58,455	2.2%	11	0.2%
133 Percent Poverty	110,920	33,245	1.1%	14,221	2.8%	63,445	2.4%	9	0.2%
Income Disregard	136,712	100,571	3.4%	10,711	2.1%	25,425	1.0%	5	0.1%
60-Day Postpartum	2,013	2,013	0.1%	0	0.0%	0	0.0%	0	0.0%
Special Treatment	53	53	0.0%	0	0.0%	0	0.0%	0	0.0%
Qualified Medicare Beneficiary	5,236	5,177	0.2%	57	0.0%	1	0.0%	1	0.0%
Presumptive Eligibility Pregnant Women	INA	INA	INA	INA	INA	INA	INA	INA	INA
Medi-Cal Tuberculosis Program	959	958	0.0%	1	0.0%	0	0.0%	0	0.0%
Minor Consent	9,707	9,706	0.3%	0	0.0%	0	0.0%	1	0.0%
BCCTP	2,251	1,969	0.1%	275	0.1%	7	0.0%	0	0.0%
Other	7	7	0.0%	0	0.0%	0	0.0%	0	0.0%
Family PACT	1,395,766	1,395,766	0.0%	0	0.0%	0	0.0%	0	0.0%

* "Other Managed Care Plans" include prepaid health plans, primary care case management, and special projects.

Note: Figures are rounded independently and may not add to totals.

Family PACT is funded by Title XIX and General Fund based on a Title XIX waiver. The men and women who receive Family PACT services are not eligible for regular Medi-Cal services. Family PACT data is limited to Tables 1A, 1B, and 2 of this report.

The 185 Percent and 200 Percent Poverty programs have merged and are now called Income Disregard.

The Dialysis and Total Parenteral Nutrition programs have merged and are now called Special Treatment.

Source: State of California, Department of Health Services, MCSS File HCP0212_Benes_by_Managed_Care_Plan_2002_12, created from the December 2001 Month of Eligibility File using a six-month lag.

State of California, Department of Health Services, MCSS File FPACT Eligibles Over Time, created from the FMEF File.

MEDI-CAL ELIGIBLES BY AGE AND ETHNICITY - [TABLE 1C](#)

Table 1C shows the total Medi-Cal eligibles (including Fee-For-Service, County Organized Health Systems, and Health Care Plans) by age and race/ethnicity in July 2002.

Of the 6,143,459 persons certified eligible, 2,892,367 were Hispanic; 1,453,530 were White; 794,283 were Asian/Pacific Islander; 704,525 were Black; 27,484 were American Indian/Alaskan Native; and 271,270 fall into the Not Reported race/ethnicity category.

TABLE 1C

MEDI-CAL PROGRAM
 PERSONS CERTIFIED ELIGIBLE BY AGE AND RACE/ETHNICITY
 JULY 2002
 (COHS, HCPs, AND FFS)

COUNTY	TOTAL	RACE/ETHNICITY											
		AM INDIAN/ ALASKAN NATIVE		ASIAN PACIFIC ISLANDER		BLACK		HISPANIC		WHITE		NOT REPORTED	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
TOTAL	6,143,459	27,484	0.4	794,283	12.9	704,525	11.5	2,892,367	47.1	1,453,530	23.7	271,270	4.4
Under 1	216,664	770	0.4	14,681	6.8	18,357	8.5	145,883	67.3	33,592	15.5	3,381	1.6
1-5	941,127	3,800	0.4	60,095	6.4	101,057	10.7	606,157	64.4	151,984	16.1	18,034	1.9
6-10	837,132	3,916	0.5	68,832	8.2	106,993	12.8	493,015	58.9	154,021	18.4	10,355	1.2
11-15	704,652	3,810	0.5	74,757	10.6	102,108	14.5	363,622	51.6	153,049	21.7	7,306	1.0
16-20	535,430	2,824	0.5	70,708	13.2	69,844	13.0	262,742	49.1	115,510	21.6	13,802	2.6
21-30	688,714	3,157	0.5	48,588	7.1	79,246	11.5	407,315	59.1	136,804	19.9	13,604	2.0
31-40	652,385	3,193	0.5	64,670	9.9	73,752	11.3	331,170	50.8	163,160	25.0	16,440	2.5
41-50	462,989	2,640	0.6	70,674	15.3	60,352	13.0	151,875	32.8	152,200	32.9	25,248	5.5
51-55	153,530	800	0.5	30,086	19.6	19,446	12.7	32,248	21.0	55,750	36.3	15,200	9.9
56-64	211,584	1,109	0.5	50,093	23.7	24,898	11.8	26,570	12.6	80,524	38.1	28,390	13.4
65 and over	739,251	1,465	0.2	241,099	32.6	48,472	6.6	71,769	9.7	256,936	34.8	119,510	16.2
Unknown	1	0	0.0	0	0.0	0	0.0	1	100.0	0	0.0	0	0.0

Source: State of California, Department of Health Services, MCSS File, HCP0212_Benes_by_Managed_Care_Plan_2002_12,
 created from the December 2002 MEF file using a six-month lag.

TOTAL ANNUAL PAYMENTS - TABLE 2

This is a companion to Table 1A, showing payments by type of program. This table reflects the total annual Medi-Cal payments for County Organized Health Systems (COHS), Health Care Plans (HCPs), and Fee-For-Service (FFS) by Program and Aid Category for 2001 and 2002.

Total annual Medi-Cal payments (including FFS, COHS, and HCPs) averaged \$19.3 billion in 2002, an increase of 14.0 percent from 2001.

The COHS estimated capitation payments were \$1.3 billion in 2002, a 6.0 percent increase from 2001.

HCP capitation payments were \$3.3 billion in 2002, compared to \$2.9 billion in 2001, an increase of 14.3 percent.

Capitated Health System payments (COHS and HCPs) are not included in the FFS breakdown.

Total annual Medi-Cal FFS payments were \$14.7 billion in 2002, an increase of 14.8 percent from 2001.

Payments for persons in the Public Assistance (PA) group were \$7.7 billion, an increase of 12.6 percent from the \$6.8 billion in 2001. PA payments accounted for 52.1 percent of all FFS payments.

\$5.6 billion was paid for services provided to the Medically Needy (MN), up 17.3 percent from 2001. MN payments accounted for 37.9 percent of all FFS payments.

Total Medically Indigent (MI) payments were \$202.5 million, up 9.3 percent from the \$185.2 million in 2001. MI payments accounted for 1.4 percent of all FFS payments.

The MI/MN Alien Without SIS program payments were \$430.6 million, up 12.9 percent from the \$381.4 million the previous year. The MI/MN Not Qualified Aliens program payments accounted for 2.9 percent of all FFS payments.

Payments for the Refugee/Entrant programs were \$5.6 million, down 20.0 percent from the \$7.0 million in 2001. Refugee/Entrant program payments accounted for less than 0.1 percent of all FFS payments.

The 100 Percent Poverty, 133 Percent Poverty, and the Income Disregard program accounted for \$530.3 million, a 19.8 percent increase from the \$442.7 million in 2001. These programs accounted for 3.6 percent of all FFS payments.

Total payments for the remaining groups (excluding Not Reported) were \$294.9 million in 2002, up 23.4 percent from the \$238.9 million in 2001. These payments accounted for 2.0 percent of all FFS payments.

The Medi-Cal Family PACT (Planning, Access, Care and Treatment) waiver was effective December 1, 1999. Family PACT expenditures during Calendar Year 2002 totaled \$400.9 million, up 18.2 percent from Calendar Year 2001

TABLE 2

MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY PROGRAM AND AID CATEGORY
CALENDAR YEARS 2001 AND 2002

(COHS, HCPs, AND FFS)

PROGRAM AND AID CATEGORY	CALENDAR YEAR 2001	CALENDAR YEAR 2002	CHANGE	
			Number	Percent
TOTAL (Excluding Family PACT)	\$16,921,922,993	\$19,298,072,204	\$2,376,149,211	14.0
County Organized Health Systems (COHS)	\$1,249,258,978	\$1,323,873,647	\$74,614,669	6.0
Health Care Plans (HCPs)	\$2,871,909,182	\$3,282,699,392	\$410,790,210	14.3
Fee-For-Service (FFS)/1/	\$12,800,754,833	\$14,691,499,165	\$1,890,744,332	14.8
Public Assistance	6,798,088,992	7,657,169,334	859,080,342	12.6
Aged	1,315,874,886	1,527,862,941	211,988,055	16.1
Blind	166,913,783	181,620,005	14,706,222	8.8
Disabled	4,485,390,505	5,070,983,837	585,593,332	13.1
Families	829,909,818	876,702,551	46,792,733	5.6
Medically Needy	4,747,183,880	5,570,343,808	823,159,928	17.3
Aged	1,976,272,349	2,189,647,337	213,374,988	10.8
Blind	17,705,834	19,498,595	1,792,761	10.1
Disabled	1,449,162,617	1,678,972,110	229,809,493	15.9
Families	1,304,043,080	1,682,225,766	378,182,686	29.0
Medically Indigent	185,170,467	202,472,163	17,301,696	9.3
Adults	58,394,811	58,662,873	268,062	0.5
Children	126,775,656	143,809,290	17,033,634	13.4
MI/MN Alien Without SIS	381,364,598	430,583,458	49,218,860	12.9
Refugee/Entrant	7,006,875	5,605,814	(1,401,061)	(20.0)
100 Percent Poverty	33,949,093	43,927,237	9,978,144	29.4
133 Percent Poverty	32,366,552	35,940,324	3,573,772	11.0
Income Disregard	376,412,350	450,457,157	74,044,807	19.7
60-Day Postpartum	4,938,834	8,316,173	3,377,339	68.4
Special Treatment	320,876	455,286	134,410	41.9
Qualified Medicare Beneficiary	7,926,144	9,426,499	1,500,355	18.9
Presumptive Eligibility for Pregnant Women	117,459,646	129,526,962	12,067,316	10.3
Medi-Cal Tuberculosis Program	464,844	586,212	121,368	26.1
Minor Consent	45,049,720	44,077,888	(971,832)	(2.2)
BCCTP	INA	20,918,131	20,918,131	0.0
Not Reported	62,749,985	81,594,990	18,845,005	30.0
Family PACT	\$339,323,030	\$400,969,696	\$61,646,666	18.2

/1/ Excludes County Organized Health Systems and Health Care Plans.

Note: Payments are rounded independently and may not add to totals.

Figures in parentheses () indicate negative numbers.

Family PACT is funded by Title XIX and General Fund based on a Title XIX waiver. The men and women who receive

Family PACT services are not eligible for Medi-Cal. Family PACT data is limited to Tables 1 and 2 of this report.

The 185 and 200 Percent Poverty programs have merged and are now called Income Disregard.

The Dialysis and Total Parenteral Nutrition programs have merged and are now called Special Treatment.

Source: State of California, Department of Health Services, MCSS, Medi-Cal Services and Expenditures Month of Payment Calendar Year Report; Managed Care Financial Worksheets; and Rate Sheet for Managed Care Plans.
(Tables 13, 15 and 20)

MONTHLY MEDI-CAL FEE-FOR-SERVICE (FFS) ELIGIBLES - TABLE 3

An average of 2,955,957 persons were eligible each month for Medi-Cal fee-for-service benefits during 2002. The six-month average for July thru December of 2002 reflects a 3.2% increase over January thru June.

The Public Assistance (PA) program accounted for 45.2 percent of the total annual average eligibles. The PA eligibles averaged 894 more persons in the first half of the year than in the last half.

The Medically Needy (MN) program accounted for 37.7 percent of the total annual average eligibles. The average MN eligibles ran 65,541 persons higher in the last half of the year than in the first half.

The Medically Indigent (MI) program accounted for 2.6 percent of the total annual average eligibles. Eligible counts in the MI program peaked in December. The average MI eligible count was higher in the last half of the year than in the first half.

The MN/MI Alien Without SIS and Refugee/Entrant programs combined accounted for 7.8 percent of the eligible population.

The 100 Percent Poverty, 133 Percent Poverty, and the Income Disregard program combined accounted for 6.0 percent of the eligible population.

The 60-Day Postpartum program accounted for less than 0.1 percent of the eligible population.

The Qualified Medicare Beneficiary program accounted for 0.2 percent of the eligible population.

Data for the Presumptive Eligibility for Pregnant Women program are not available.

The Medi-Cal Tuberculosis program, Minor Consent, Breast and Cervical Cancer Treatment Program (BCCTP), and All Other groups combined accounted for 0.4 percent of the eligible population.

Table 3

MEDI-CAL PROGRAM
MONTHLY ELIGIBLES BY PROGRAM
CALENDAR YEAR 2002

(FFS ONLY)

MONTH	TOTAL	PUBLIC ASSISTANCE	MEDICALLY NEEDY	MEDICALLY INDIGENT	MI/MN ALIEN WITHOUT SIS	REFUGEE/ ENTRANT	100 PERCENT POVERTY	133 PERCENT POVERTY
Annual Average 2002	2,955,957	1,337,066	1,114,395	76,358	229,821	1,101	43,518	33,245
Six-Month Average	2,909,479	1,337,513	1,081,624	69,890	223,641	1,062	44,341	33,853
January	2,857,586	1,339,483	1,049,755	63,315	212,540	1,003	43,973	33,592
February	2,880,074	1,338,768	1,058,599	70,311	218,079	1,016	44,068	33,627
March	2,903,065	1,339,115	1,077,605	71,199	217,953	1,112	44,232	34,048
April	2,931,451	1,337,645	1,094,489	71,120	230,197	1,148	44,743	34,008
May	2,943,458	1,336,526	1,104,056	71,772	231,236	1,079	44,865	34,271
June	2,941,237	1,333,540	1,105,239	71,623	231,838	1,011	44,167	33,572
Six-Month Average	3,002,435	1,336,619	1,147,165	82,825	236,001	1,140	42,694	32,637
July	2,956,332	1,331,724	1,115,626	75,621	233,822	1,084	43,613	33,271
August	2,979,191	1,335,043	1,130,485	79,056	234,665	1,149	43,436	33,029
September	2,994,798	1,337,350	1,140,090	82,582	235,155	1,212	42,884	32,548
October	3,023,884	1,339,465	1,160,286	85,469	237,077	1,214	42,900	32,725
November	3,030,692	1,340,899	1,166,138	86,591	236,952	1,139	42,164	32,431
December	3,029,711	1,335,232	1,170,367	87,632	238,333	1,044	41,168	31,820
MONTH	QMB	INCOME DISREGARD	60-DAY POST-PARTUM	PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	MEDI-CAL TB PROGRAM	MINOR CONSENT	BCCTP	ALL OTHER/1/
Annual Average 2002	5,177	100,571	2,013	INA	958	9,706	1,969	60
Six-Month Average	5,336	98,321	1,997	INA	898	9,781	1,163	61
January	5,283	96,013	2,059	INA	823	9,453	237	57
February	5,264	97,170	2,080	INA	844	9,572	618	58
March	5,237	98,658	2,031	INA	885	9,919	1,009	62
April	5,413	98,488	1,932	INA	905	9,907	1,392	63
May	5,402	99,637	1,936	INA	949	9,965	1,700	63
June	5,414	99,962	1,943	INA	979	9,867	2,019	62
Six-Month Average	5,019	102,821	2,030	INA	1,018	9,632	2,775	59
July	5,247	101,416	1,928	INA	991	9,680	2,248	61
August	5,109	102,130	1,963	INA	1,029	9,556	2,481	60
September	5,057	102,637	2,008	INA	992	9,552	2,672	59
October	4,933	103,931	2,068	INA	1,041	9,789	2,926	60
November	4,920	103,602	2,113	INA	1,031	9,572	3,083	57
December	4,845	103,208	2,100	INA	1,024	9,644	3,237	57

INA Information Not Available.

/1/ Other includes Dialysis and Total Parenteral Nutrition.

Note: MI/MN = Medically Indigent/Medically Needy

FFS = Fee-For-Service; QMB = Qualified Medicare Beneficiary; TB = Tuberculosis.

The 185 and 200 Percent Poverty programs have merged and are now called Income Disregard.

Averages are rounded independently and may not add to totals.

Source: State of California, Department of Health Services, MCSS File HCP0212_Benes_by_Managed_Care_Plan_2002_12.xls, created from the December 2002 Month of Eligibility File using a six-month lag.

MONTHLY MEDI-CAL FEE-FOR-SERVICE (FFS) USERS - TABLE 4

An average of 1,976,379 persons received Medi-Cal FFS program benefits each month in 2002. Monthly users averaged 7,867 more persons in the first half of the year than in the last half.

A monthly utilization rate can be computed from Tables 3 and 4 (users divided by eligibles). The utilization rate for the Total Fee-For-Service Program is 66.9 percent of eligibles who receive services each month.

The Public Assistance (PA) group, which accounted for 56.6 percent of the total annual average Medi-Cal users, had a utilization rate of 83.7 percent. There were 25,851 more PA users during January thru June.

The Medically Needy (MN) group, which accounted for 30.6 percent of the total annual average users, had a utilization rate of 54.3 percent. There were 24,366 more MN users during July thru December.

The Medically Indigent (MI) group, which accounted for 1.9 percent of the total annual average users, had a utilization rate of 50.0 percent. There were 2,085, more MI users during July thru December.

The MI/MN Alien Without SIS and Refugee/Entrant groups accounted for 2.2 percent of the total annual average users.

The 100 Percent Poverty, 133 Percent Poverty, and Income Disregard combined accounted for 4.7 percent of the total annual average users.

The 60-Day Postpartum, Qualified Medicare Beneficiary, Presumptive Eligibility for Pregnant Women, Medi-Cal Tuberculosis Program, Minor Consent, Breast and Cervical Cancer Treatment Program (BCCTP), and All Other groups combined accounted for 3.9 percent of the total annual users.

Table 4

MEDI-CAL PROGRAM
MONTHLY USERS BY PROGRAM
CALENDAR YEAR 2002

(FFS ONLY)

MONTH	TOTAL	PUBLIC ASSISTANCE	MEDICALLY NEEDY	MEDICALLY INDIGENT	IRCA ALIENS	MI/MN ALIEN WO/SIS	REFUGEE/ ENTRANT	100 PERCENT POVERTY	133 PERCENT POVERTY
Annual Average 2002	1,976,379	1,118,884	605,232	38,178	2	42,360	1,377	19,082	15,643
Six-Month Average	1,980,313	1,131,810	593,049	37,135	2	43,645	1,471	18,855	16,121
January	1,903,654	1,109,673	556,185	33,531	2	41,612	1,721	16,427	15,259
February	1,949,920	1,105,200	565,815	38,434	1	51,784	1,466	17,192	15,954
March	1,995,789	1,145,422	602,709	38,076	1	41,236	1,567	19,824	17,047
April	1,908,172	1,094,812	569,755	35,510	2	40,038	1,344	17,789	15,418
May	2,180,663	1,223,339	671,012	41,820	2	47,703	1,470	22,190	18,113
June	1,943,677	1,112,415	592,816	35,439	3	39,496	1,255	19,705	14,936
Six-Month Average	1,972,446	1,105,959	617,415	39,220	2	41,075	1,284	19,309	15,164
July	1,867,177	1,072,020	566,970	33,551	2	38,926	1,234	17,070	13,741
August	2,111,521	1,175,562	660,014	41,493	3	44,871	1,436	22,090	16,923
September	1,867,537	1,057,892	576,108	36,596	2	39,441	1,206	17,864	14,052
October	2,110,979	1,167,156	670,346	44,364	2	44,215	1,363	22,103	17,281
November	1,773,553	1,002,597	559,171	34,982	0	35,860	1,177	16,641	12,788
December	2,103,907	1,160,525	671,882	44,336	0	43,136	1,290	20,085	16,201
MONTH	INCOME DISREGARD	60-DAY POST-PARTUM	QMB	PRESUMP ELIGIBILITY FOR PREG WOMEN	MEDI-CAL TB PROGRAM	MINOR CONSENT	BCCTP	ALL OTHER/1/	
Annual Average 2002	57,742	1,803	6,277	55,727	249	6,232	1,699	5,892	
Six-Month Average	57,709	1,896	6,941	58,231	229	6,604	836	5,783	
January	54,330	2,136	5,450	55,711	215	6,186	55	5,161	
February	66,634	1,896	8,000	64,610	211	7,857	315	4,551	
March	53,501	1,883	7,430	54,369	227	6,097	626	5,774	
April	53,181	1,696	6,850	57,983	227	6,069	979	6,519	
May	64,126	2,220	7,604	64,129	257	7,463	1,398	7,817	
June	54,480	1,545	6,309	52,581	234	5,949	1,641	4,873	
Six-Month Average	57,776	1,710	5,614	53,224	269	5,861	2,562	6,002	
July	52,960	1,467	5,437	50,199	240	5,674	1,922	5,764	
August	61,972	1,952	5,969	62,189	295	6,466	2,286	8,000	
September	54,274	1,478	5,509	49,241	265	5,531	2,357	5,721	
October	62,988	1,929	6,034	58,046	281	6,301	2,798	5,772	
November	50,589	1,416	4,130	41,383	250	4,841	2,737	4,991	
December	63,874	2,018	6,603	58,288	280	6,351	3,274	5,764	

/1/ Other includes Dialysis, Total Parenteral Nutrition, and Not Reported.

Note: IRCA = Immigration Reform and Control Act; MI/MN = Medically Indigent/Medically Needy.

The IRCA program expired December 31, 1994. IRCA is shown for 2002 because claims continue to be paid due to the lag from time of service to time of payment.

FFS = Fee-For-Service; QMB = Qualified Medicare Beneficiary; TB = Tuberculosis.

Averages are rounded independently and may not add to totals.

The 185 Percent and 200 Percent programs have merged and are now called Income Disregard.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures Report (Monthly - Control Totals) and Calendar Year Report.

FEE-FOR-SERVICE (FFS) MEDI-CAL UTILIZATION - TABLE 5

An average of 1,976,379 persons received Medi-Cal FFS program benefits each month in 2002. There were 170,945 more monthly users than in 2001.

The total number of users per 1,000 (FFS) eligibles remained the same from 2001 to 2002 at 669. The total number of users for 2002 includes the Presumptive Eligibility for Pregnant Women program; however, eligible counts for this program are not available. If these users are excluded, the overall utilization rate calculates to be 650 per 1,000 (FFS) eligibles in 2002.

In 2002, the Public Assistance group, which accounted for 56.6 percent of total users, had a utilization rate of 83.7 percent. The Medically Needy group accounted for 54.3 percent of the total users.

Calendar Year 2001 and 2002 data do not include users of health care services provided by County Organized Health Systems (COHS) or Health Care Plans (HCPs).

TABLE 5

MEDI-CAL PROGRAM
AVERAGE MONTHLY USERS AND USERS PER 1,000 ELIGIBLES
BY PROGRAM AND AID CATEGORY
CALENDAR YEARS 2001 AND 2002

(FFS ONLY)

PROGRAM AND AID CATEGORY	CALENDAR YEAR 2001	CALENDAR YEAR 2002	USERS PER 1,000 ELIGIBLES		PERCENT CHANGE IN RATE
			2001	2002	
TOTAL	1,805,434	1,976,379	669	669	0.0
Public Assistance	1,078,528	1,118,884	802	837	4.4
Aged	233,291	247,573	722	757	4.8
Blind	16,319	16,817	772	804	4.1
Disabled	498,009	528,764	785	818	4.2
Families	330,909	325,730	904	951	5.2
Medically Needy	496,269	605,232	539	543	0.7
Aged	102,129	116,703	773	751	(2.8)
Blind	745	822	934	832	(10.9)
Disabled	57,274	64,815	907	840	(7.4)
Families	336,122	422,892	464	480	3.4
Medically Indigent	34,131	38,178	541	500	(7.6)
Adults	4,753	4,509	997	1,006	0.9
Children	29,379	33,669	504	468	(7.1)
MI/MN Alien Without SIS	38,034	42,360	201	184	(8.5)
Refugee/Entrant	1,746	1,377	1,120	1,251	11.7
100 Percent Poverty	14,812	19,082	359	438	22.0
133 Percent Poverty	14,870	15,643	439	471	7.3
Income Disregard	51,232	57,742	583	574	(1.5)
Infant	11,308	11,990	554	546	(1.4)
Pregnant Woman	39,923	45,752	592	582	(1.7)
60-Day Postpartum	1,479	1,803	932	896	(3.9)
Special Treatment	30	34	682	642	NA
Qualified Medicare Beneficiary	5,151	6,277	1,020	1,212	18.8
Presumptive Eligibility for Pregnant Women	56,573	55,727	INA	INA	INA
Medi-Cal Tuberculosis Program	209	249	306	260	(15.0)
Minor Consent	6,541	6,232	740	642	(13.2)
BCCTP	INA	1,699	INA	863	INA
Not Reported	5,824	5,858	NA	NA	NA

INA Information Not Available.

NA Not Applicable.

Claims processing time lags can distort utilization rates, especially for smaller groups of eligibles or groups whose numbers change considerably.

Note: FFS = Fee-For-Service.

Figures are rounded independently and may not add to totals.

Figures in parentheses () indicate negative numbers.

The 185 Percent and 200 Percent programs have merged and are now called Income Disregard.

The Dialysis and Total Parenteral Nutrition programs have merged and are now called Special Treatment.

Source: State of California, Department of Health Services, MCSS File HCP0212-Benes-by-Managed_Care_Plan_2002_12, created from the December 2002 Month of Eligibility File using a six-month lag. (Tables 18) and Medi-Cal Services and Expenditures Month of Payment Calendar Year Report (Table 19).

SECTION 3
MEDI-CAL EXPENDITURES

**FEE-FOR-SERVICE (FFS) PAYMENT PER ELIGIBLE
BY PROGRAM AND AID CATEGORY - [TABLE 6](#)**

The average monthly payment per eligible was \$414.18 in 2002. This represents an increase of \$18.85 per eligible or 4.8 percent over the prior year. Payments include the Presumptive Eligibility for Pregnant Women program; however, eligible counts for this program are not available. If these payments are excluded, the overall cost per eligible would be \$410.53.

Relative cost increases exceeding the overall 4.8 percent were experienced by the Public Assistance Aged (up 14.8 percent); Public Assistance Blind (up 10.0 percent); Public Assistance Disabled (up 10.9 percent); Public Assistance Families (up 13.0 percent); Medically Needy Families (up 6.1 percent); Medically Indigent Adults (up 6.9 percent); Refugee/Entrant (up 13.3 percent); 100 Percent Poverty (up 22.5 percent); 133 Percent Poverty (up 13.2 percent); Income Disregard Infant (up 20.4 percent); 60-Day Postpartum (up 32.7 percent); and QMB (up 16.0 percent).

Medically Needy Blind, Medically Indigent Children, Medi-Cal Tuberculosis and the Minor Consent programs decreased from Calendar 2001.

Calendar Year 2002 data do not include payments for health care services handled by County Organized Health Systems (COHS) or Health Care Plans (HCPs).

TABLE 6

MEDI-CAL PROGRAM
AVERAGE MONTHLY PAYMENT PER ELIGIBLE BY PROGRAM AND AID CATEGORY
CALENDAR YEARS 2001 AND 2002

(FFS ONLY)

PROGRAM AND AID CATEGORY	CALENDAR YEAR 2001	CALENDAR YEAR 2002	CHANGE	
			Number	Percent
TOTAL	\$395.33	\$414.18	18.85	4.8
Public Assistance	421.30	477.24	55.94	13.3
Aged	339.25	389.31	50.06	14.8
Blind	658.00	723.54	65.54	10.0
Disabled	589.40	653.39	63.99	10.9
Families	188.89	213.40	24.51	13.0
Medically Needy	429.67	416.54	(13.13)	(3.1)
Aged	1,246.98	1,173.59	(73.39)	(5.9)
Blind	1,858.29	1,644.62	(213.67)	(11.5)
Disabled	1,912.39	1,812.71	(99.68)	(5.2)
Families	149.95	159.17	9.22	6.1
Medically Indigent	244.59	220.97	(23.62)	(9.7)
Adults	1,020.60	1,091.20	70.60	6.9
Children	181.15	166.73	(14.42)	(8.0)
MI/MN Alien Without SIS	167.99	156.13	(11.86)	(7.1)
Refugee/Entrant	374.54	424.30	49.76	13.3
100 Percent Poverty	68.66	84.12	15.46	22.5
133 Percent Poverty	79.55	90.09	10.54	13.2
Income Disregard	357.17	373.25	16.08	4.5
Infant	235.05	283.02	47.97	20.4
Pregnant Woman	394.11	398.45	4.34	1.1
60-Day Postpartum	259.34	344.27	84.93	32.7
Special Treatment	720.00	715.87	(4.13)	(0.6)
Qualified Medicare Beneficiary	130.82	151.74	20.92	16.0
Presumptive Eligibility for Pregnant Women	INA	INA	INA	INA
Medi-Cal Tuberculosis Program	56.80	50.99	(5.81)	(10.2)
Minor Consent	424.82	378.40	(46.42)	(10.9)
BCCTP	INA	885.31	INA	INA

INA Information Not Available.

Note: FFS = Fee-For-Service.

Figures are rounded independently.

Figures in parentheses () indicate negative numbers.

The 185 Percent and 200 Percent programs have merged and are now called Income Disregard.

The Dialysis and Total Parenteral Nutrition programs have merged and are now called Special Treatment.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures
Month of Payment Calendar Year Reports, Medi-Cal Certified CID Eligibles Calendar Year 2001 Report, and
MCSS File HCP0212_Benes_by_Managed_Care_Plan_2002_12, created from the December 2002 Month of Eligibility File
using a six-month lag.

FEE-FOR-SERVICE (FFS) PAYMENT PER USER
BY PROGRAM AND AID CATEGORY - TABLE 7

During 2002, the Medi-Cal program spent an average of \$619.46 per month per user of service. This was \$28.62 or 4.8 percent more than in 2001.

The lowest monthly cost group was the Qualified Medicare Beneficiary group at \$125.15 per user. This group is eligible solely for Medicare premiums and coinsurance/deductibles. The next lowest is the 133 Percent Poverty at \$191.46, followed by Presumptive Eligibility for Pregnant Women at \$193.69 per user. Presumptive coverage is limited to ambulatory prenatal care.

Cost per user in the Medically Needy Aged, Blind, and Disabled groups are high because a large number of persons in these groups are in a long-term care facility. The cost per Medically Needy user runs almost two times that of Public Assistance users.

Cost per user for most groups increased from the previous year.

The Public Assistance Aged, Blind, Disabled, and Families categories showed increases of 9.4, 5.6, 6.5, and 7.3 percent respectively. Medically Needy Disabled and Families were up 2.4 and 2.5 percent from the previous year. Medically Indigent Adults increased 5.9 percent. MI/MN Not Qualified Aliens, Refugee/Entrant, 100 Percent Poverty, 133 Percent Poverty, Income Disregard, 60-Day Postpartum, Special Treatment, Presumptive Eligibility for Pregnant Women, Medi-Cal Tuberculosis Program, Minor Consent, and Not Reported categories showed increases of 1.4, 1.4, 0.4, 5.6, 6.2, 38.1, 16.8, 11.9, 5.9, 2.7, and 29.3 percent respectively.

TABLE 7

MEDI-CAL PROGRAM
AVERAGE MONTHLY PAYMENT PER USER BY PROGRAM AND AID CATEGORY
CALENDAR YEARS 2001 AND 2002

(FFS ONLY)

PROGRAM AND AID CATEGORY	CALENDAR YEAR 2001	CALENDAR YEAR 2002	CHANGE	
			Number	Percent
TOTAL	\$590.84	\$619.46	28.62	4.8
Public Assistance	525.26	570.30	45.04	8.6
Aged	470.04	514.28	44.24	9.4
Blind	852.35	899.98	47.63	5.6
Disabled	750.55	799.19	48.64	6.5
Families	209.00	224.29	15.29	7.3
Medically Needy	797.15	766.97	(30.18)	(3.8)
Aged	1,612.56	1,563.55	(49.01)	(3.0)
Blind	1,980.52	1,976.74	(3.78)	(0.2)
Disabled	2,108.52	2,158.67	50.15	2.4
Families	323.31	331.49	8.18	2.5
Medically Indigent	452.11	441.95	(10.16)	(2.2)
Adults	1,023.82	1,084.18	60.36	5.9
Children	359.60	355.94	(3.66)	(1.0)
MI/MN Alien Without SIS	835.58	847.07	11.49	1.4
Refugee/Entrant	334.43	339.25	4.82	1.4
100 Percent Poverty	191.00	191.84	0.84	0.4
133 Percent Poverty	181.39	191.46	10.07	5.6
Income Disregard	612.27	650.10	37.83	6.2
Infant	424.00	518.21	94.21	22.2
Pregnant Woman	665.61	684.66	19.05	2.9
60-Day Postpartum	278.28	384.37	106.09	38.1
Special Treatment	954.99	1,115.90	160.91	16.8
Qualified Medicare Beneficiary	128.23	125.15	(3.08)	(2.4)
Presumptive Eligibility for Pregnant Women	173.02	193.69	20.67	11.9
Medi-Cal Tuberculosis Program	185.34	196.19	10.85	5.9
Minor Consent	573.94	589.40	15.46	2.7
BCCTP	INA	1,026.00	1,026.00	NA
Not Reported	897.86	1,160.73	262.87	29.3

Note: FFS = Fee-For-Service.

INA = Information not available. NA = Not applicable.

Figures are rounded independently and may not add to totals.

Figures in parentheses () indicate negative numbers.

The 185 Percent and 200 Percent programs have merged and are now called Income Disregard.

The Dialysis and Total Parenteral Nutrition programs have merged and are now called Special Treatment.

Source: State of California, Department of Health Services, MCSS, Medi-Cal Services and Expenditures

Month of Payment Calendar Year Reports (Tables 19 and 20).

FEE-FOR-SERVICE (FFS) COST PER SERVICE - TABLE 8

The most frequently used physician service is the outpatient visit, (refer to the California Department of Health Services Medi-Cal Services and Expenditures Month-of-Payment (MOP) report for January-December 2002, available through the Medical Care Statistics Section). In 2002, the Medi-Cal average cost per physician outpatient visit was \$29.99. Outpatient visits include office, emergency room, home, and other outpatient situations.

Physicians' hospital inpatient visits averaged \$61.39 per visit. Visits for long-term care inpatients averaged \$34.86 per visit.

After outpatient visits, the second largest expenditure category of physician services is for inpatient hospital surgery. This service has the highest cost rate, \$497.28, for physician's services in 2002.

In 2002, the average cost per day of care was \$117.18 for nursing facilities and \$144.51 for intermediate care facilities-developmentally disabled.

The average cost per service for Immunization and Injection increased 20.7 percent in 2002.

The average cost per drug prescription was \$72.32 in 2002, an increase of 8.9 percent from the prior year.

The highest cost per service in the Medi-Cal program is hospital inpatient care. The average cost per hospital inpatient day in 2002 was \$1,229.43 for Public Assistance Families and Medically Needy Families aid categories.

TABLE 8
MEDI-CAL PROGRAM
AVERAGE COST PER SERVICE FOR SELECTED SERVICES
CALENDAR YEARS 2001 AND 2002

(FFS ONLY)

TYPE OF SERVICE	CALENDAR YEAR 2001	CALENDAR YEAR 2002	PERCENT CHANGE
Physicians Services/1/			
Outpatient Visits	\$ 29.94	\$ 29.99	0.2
Hospital Inpatient Visits	59.72	61.39	2.8
Critical Care Visits	142.17	147.59	3.8
Long-Term Care Visits	34.39	34.86	1.4
Ophthalmological Examinations	44.12	42.80	(3.0)
Inpatient Hospital Surgery	611.60	497.28	(18.7)
Outpatient Surgery	142.68	149.97	5.1
Psychiatry	37.12	34.11	(8.1)
Immunization and Injection	25.16	30.36	20.7
Drug Prescriptions	66.40	72.32	8.9
Hospital Inpatient Day/2/	1,154.90	1,229.43	6.5
Nursing Facility Day	113.70	117.18	3.1
Intermediate Care Facility-DD Day	141.71	144.51	2.0

/1/ Excludes Medicare/Medi-Cal crossover claims.

/2/ Reflects data for Public Assistance Families and Medically Needy Families only in order to exclude most Medicare/Medi-Cal crossover claims.

Note: FFS = Fee-For-Service.
Figures in parentheses () indicate negative numbers.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures Month of Payment Calendar Year Reports.

FEE-FOR-SERVICE (FFS) PAYMENTS BY PROVIDER TYPE - TABLE 9

In 2002, provider payments averaged \$1.5 billion per month, up 15.6 percent from the prior year's average.

Pharmacy providers received the largest share of the Medi-Cal provider payments. Monthly expenditures for these services increased 20.8 percent from the prior year to \$313.0 million per month.

Community Hospitals were the second highest paid provider group. Their payments increased 20.4 percent from 2001 to \$232.7 million per month in 2002.

Nursing Facilities received \$228.5 million per month in 2002, up 4.8 percent from the prior year.

All of the provider types showed an increase in 2002, except Podiatrist, and Laboratory Facility.

TABLE 9

MEDI-CAL PROGRAM
AVERAGE MONTHLY PAYMENT BY TYPE OF PROVIDER
CALENDAR YEARS 2001 AND 2002

(FFS ONLY)

TYPE OF PROVIDER	CALENDAR YEAR 2001	CALENDAR YEAR 2002	CHANGE	
			Number	Percent
TOTAL	\$1,066,729,569	\$1,224,288,378	\$157,558,809	14.8
Physician	76,948,274	83,234,890	6,286,616	8.2
Pharmacy	259,166,928	313,032,685	53,865,757	20.8
Dentist	51,326,382	63,107,662	11,781,280	23.0
Optometrist	2,249,350	2,413,144	163,794	7.3
Chiropractor	80.561	106.062	25.501	31.7
Podiatrist	1,142,606	1,081,980	(60,626)	(5.3)
County Hospital	52,058,854	60,100,323	8,041,469	15.4
Inpatient	47,434,984	54,209,772	6,774,788	14.3
Outpatient	4,623,870	5,890,551	1,266,681	27.4
Community Hospital	193,315,400	232,705,937	39,390,537	20.4
Inpatient	173,414,580	203,279,071	29,864,491	17.2
Outpatient	19,900,821	29,426,867	9,526,046	47.9
State Hospital	44,878,615	46,581,812	1,703,197	3.8
Nursing Facility	218,134,115	228,526,296	10,392,181	4.8
Intermediate Care Facility-DD	26,825,568	27,271,727	446,159	1.7
Home Health Agency	12,283,705	12,430,954	147,249	1.2
Laboratory Facility	7,976,877	7,885,830	(91,047)	(1.1)
Medical Transportation	9,150,255	10,453,479	1,303,224	14.2
Rehabilitation Facility	684,858	1,043,417	358,559	52.4
Organized Outpatient Clinic	38,101,355	49,320,668	11,219,313	29.4
All Other Providers	72,405,866	84,991,512	12,585,646	17.4

Note: FFS = Fee-For-Service.

Averages are rounded independently and may not add to totals.

Figures in parentheses () indicate negative numbers.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures Month of Payment Calendar Year Reports.

FEE-FOR-SERVICE (FFS) COST PER ELIGIBLE BY PROVIDER TYPE - [TABLE 10](#)

The average monthly cost per eligible was \$414.18 in 2002, an increase of 4.8 percent from 2001.

Pharmacies was the largest expenditure category and had the highest cost per eligible per month at \$105.90, up 10.3 percent from 2001.

Community Hospitals was the second largest expenditure category at \$78.72 per month, an increase of 9.9 percent from 2001.

Nursing Facility was the third largest expenditure category and its monthly cost per eligible of \$77.31 reflected a decrease of 4.4 percent from 2001.

TABLE 10
MEDI-CAL PROGRAM
AVERAGE MONTHLY COST PER ELIGIBLE BY TYPE OF PROVIDER
CALENDAR YEARS 2001 AND 2002
(FFS ONLY)

TYPE OF PROVIDER	CALENDAR YEAR 2001	CALENDAR YEAR 2002	PERCENT CHANGE
TOTAL	\$395.33	\$414.18	4.8
Physician	28.52	28.16	-1.3
Pharmacy	96.05	105.90	10.3
Dentist	19.02	21.35	12.2
Optometrist	0.83	0.82	(1.6)
Chiropractor	0.03	0.04	19.6
Podiatrist	0.42	0.37	(12.8)
County Hospital	19.29	20.33	5.4
Inpatient	17.58	18.34	4.3
Outpatient	1.71	1.99	16.5
Community Hospital	71.64	78.72	9.9
Inpatient	64.27	68.77	7.0
Outpatient	7.38	9.96	34.9
State Hospital	16.63	15.76	-5.2
Nursing Facility	80.84	77.31	-4.4
Intermediate Care Facility-DD	9.94	9.23	-7.2
Home Health Agency	4.55	4.21	-7.6
Laboratory Facility	2.96	2.67	(9.9)
Medical Transportation	3.39	3.54	4.3
Rehabilitation Facility	0.25	0.35	41.2
Organized Outpatient Clinic	14.12	16.69	18.2
All Other Providers	26.83	28.75	7.2

Note: FFS = Fee-For-Service.

Figures in parentheses () indicate negative numbers.

Source: State of California, Department of Health Services, MCSS, Medi-Cal Services and Expenditures Month of Payment Calendar Year Reports (Table 9) and MCSS File HCP0212_Benes_by_Managed_Care_Plan_2002_12, created from the December 2002 Month of Eligibility File using a six-month lag (Table 3).

TOTAL MEDI-CAL PROGRAM EXPENDITURES - TABLE 11

Table 11 is the only table showing all types of Medi-Cal program expenditures. The following figures reflect actual budget item expenditures and, as such, are reported here by fiscal (budget) year rather than by calendar year.

Total Medi-Cal expenditures were \$24.5 billion for Fiscal Year (FY) 2001-2002, an increase of 9.8 percent from FY 2000-2001.

The \$13.8 billion in direct fee-for-service provider payments was an increase of 7.3 percent. These expenditures accounted for 56.4 percent of the total expenditures in FY 2001-2002 and 57.8 percent in FY 2000-2001.

Delta Dental (DD) is an at-risk fiscal intermediary providing authorization and payment for virtually all types of Medi-Cal dental services rendered. DD covers all Medi-Cal eligibles except those enrolled in HCPs providing dental care. In FY 2000-2001, the approximate number of Medi-Cal eligibles covered by DD was 5,208,719 million persons per month. Capitation payments totaled \$678.3 million, an increase of 3.0 percent from FY 2001-2002.

Managed Care capitations increased 22.0 percent to \$4.60 billion in FY 2001-2002.

Expenditures for Early Periodic Screening Services increased 7.2 percent to \$27.8 million in FY 2001-2002. The program provides screening and diagnostic services for all Medi-Cal eligibles under age 21.

The Short-Doyle/Medi-Cal program provides community mental health services to Medi-Cal program eligibles. The \$944.4 million expenditure in FY 2001-2002 reflects an increase of 27.9 percent from the prior fiscal year.

Medicare Buy-In is the purchase of Medicare Part A and Part B medical insurance coverage by the Medi-Cal program for those eligibles who are entitled to the coverage. Expenditures for Medicare Part A and Part B Buy-In ran \$1.1 billion in FY 2001-2002.

Administration costs include various State departmental expenditures, payments for claims processing operations, and county administrative expenses. In FY 2001-2002, these expenditures increased 35.2 percent from the prior fiscal year. Administration costs accounted for 6.8 percent of total expenditures in FY 2001-2002 and 5.6 percent of total expenditures in 2000-2001.

TABLE 11

TOTAL MEDI-CAL PROGRAM EXPENDITURES BY DATE OF PAYMENT
AND TYPE OF EXPENDITURE
FISCAL YEARS 2000 -2001 AND 2001-2002

TYPE OF EXPENDITURE	FISCAL YEAR		PERCENT CHANGE
	2000-2001	2001-2002	
TOTAL (Excluding Administration)	\$22,314,150,300	\$24,505,183,756	9.8
Provider Payments, Fee-For-Service	12,891,516,200	13,828,745,138	7.3
Dental	658,689,000	678,258,269	3.0
Managed Care	3,768,288,400	4,596,305,487	22.0
Early Periodic Screening Services	25,918,000	27,772,362	7.2
Miscellaneous Non-Fee-For-Service	1,369,283,000	1,376,209,414	0.5
Short-Doyle/Medi-Cal	738,297,200	944,393,939	27.9
Medicare Buy-In	933,230,700	1,057,641,192	13.3
Audits and Lawsuits	8,882,900	177,519,957	1,898.4
Disproportionate Share Hospital (SB 855)	2,085,447,300	1,404,878,067	(32.6)
Recoveries	(165,402,400)	(170,170,731)	2.9
Administration	1,239,887,900	1,676,106,836	35.2

Note: Excludes Interim Payments not yet recovered.

Figures in parentheses () indicate negative numbers.

Expenditures are based on when claim was paid, rather than month of service.

Source: State of California, Department of Health Services, MCSS, Medi-Cal Assistance Register.

SECTION 4

MEDI-CAL PROVIDER PARTICIPATION

FEE-FOR-SERVICE (FFS)
MEDI-CAL PROVIDER PARTICIPATION – TABLE 12

Table 12 shows the total number of selected types of providers and their distribution by amount paid. The figures include out-of-state providers. Physicians include group practices, which are counted as one provider. This understates the physician count, but it is not known how many physicians are practicing in a group.

A county distribution of selected types of providers is given in Table 23A and Table 24.

The majority of providers are in the \$1-\$599, \$600-\$9,999, and \$10,000-\$49,999 payment intervals. However, for Pharmacies, there were more providers in the \$100,000-\$999,999 payment interval.

The large number of acute inpatient hospitals shown on Table 12 reflects the fact that out-of-state hospital billings are included in the data. This is also the reason for the large number who were paid less than \$10,000 each. Table 23A shows that there were 439 acute inpatient hospitals excluding out-of-state or County not reported hospitals.

TABLE 12

MEDI-CAL PROGRAM
NUMBER OF PROVIDERS RECEIVING MEDI-CAL PROGRAM PAYMENTS
BY SELECTED TYPE OF PROVIDER AND AMOUNT PAID
CALENDAR YEAR 2002

SELECTED TYPE OF PROVIDER	TOTAL PROVIDERS	NUMBER OF PROVIDERS BY AMOUNT PAID					
		\$1- \$599	\$600- \$9,999	\$10,000- \$49,999	\$50,000- \$99,999	\$100,000- \$999,999	\$1,000,000 and Over
TOTAL	49,919	8,749	13,607	10,257	4,013	10,187	3,106
INPATIENT PROVIDERS							
ACUTE INPATIENT HOSPITALS	740	6	215	89	27	108	295
LONG TERM CARE FACILITIES	2,296	6	53	74	67	1,166	930
STATE DEVELOPMENTAL CENTERS	6	0	0	0	0	0	6
STATE HOSPITALS-MENTALLY DISORDERED	2	0	0	0	0	0	2
OUTPATIENT PROVIDERS							
ADULT DAY HEALTH CARE CENTERS	265	0	6	9	8	174	68
BIRTHING CENTERS	6	1	0	3	1	1	0
CERTIFIED HOSPICE SERVICE	142	2	11	24	15	71	19
CHRONIC DIALYSIS CLINIC	334	2	10	27	23	223	49
HOME HEALTH AGENCIES	464	37	92	108	55	104	68
INDIAN HEALTH CLINICS	28	1	2	8	7	10	0
LOCAL EDUCATION AGENCIES	452	9	78	127	85	145	8
ORGANIZED OUTPATIENT CLINICS	372	31	64	70	25	149	33
OUTPATIENT HEROIN DETOXIFICATION	48	7	37	4	0	0	0
OUTPATIENT HOSPITAL DEPARTMENTS	1,020	457	146	58	35	209	115
REHAB CLINICS	91	3	8	30	19	31	0
RURAL HEALTH CLINICS	644	12	12	39	51	397	133
SURGICAL CLINICS	181	35	51	67	17	11	0
OTHER PROVIDERS							
ACUPUNCTURISTS	752	123	394	188	33	14	0
ASSISTIVE DEVICE & SICK ROOM SUPPLY DEALERS	885	59	167	151	102	351	55
AUDIOLOGISTS	217	13	60	62	36	44	2
BLOOD BANKS	5	2	1	1	0	1	0
CHIROPRACTORS	474	228	214	31	1	0	0
CLINICAL LABS	449	105	110	63	32	96	43
DENTISTS	7,947	1,024	2,112	1,961	1,059	1,730	61
DISPENSING OPTICIANS/OPTICAL LAB	278	27	146	83	15	6	1
HEARING AID DISPENSERS	210	9	68	75	22	35	1
INDEPENDENT DIAGNOSTIC TESTING FACILITY	10	4	5	1	0	0	0
MEDICAL TRANSPORTATION - GROUND AND AIR	575	55	111	119	70	193	27
NURSE ANESTHETISTS	78	18	29	29	1	1	0
NURSE MIDWIVES	82	9	18	32	9	14	0
NURSE PRACTITIONERS - FAMILY AND PEDIATRIC (SOLO & GROUP)	43	4	17	12	1	9	0
OCCUPATIONAL THERAPISTS	24	11	9	3	1	0	0
OPTOMETRISTS (SOLO & GROUP)	1,745	291	773	542	97	42	0
ORTHOTISTS	25	4	12	3	2	4	0
PHARMACIES/PHARMACISTS	5,462	159	304	629	462	2,860	1,048
PHYSICAL THERAPISTS	117	54	39	22	0	2	0
PHYSICIANS (SOLO & GROUP)	22,265	5,679	7,726	5,229	1,564	1,928	139
PODIATRISTS	929	237	426	203	41	22	0
PORTABLE X-RAY	21	6	6	5	2	2	0
PROSTHETISTS	140	11	38	48	17	24	2
SPEECH THERAPISTS	95	8	37	28	11	10	1

Note: Includes out-of-state providers. Physician group practices, Optometric group practices, and Nurse Practitioner group practices are counted as one provider.

Source: State of California, Department of Health Services, Medi-Cal Fee-For-Service and Delta Dental Paid Claims
State of California, Department of Health Services, Medi-Cal Provider Master File (HD RCV1004 FDS PROVIDER CODES D011003)

SECTION 5

MEDI-CAL CAPITATED HEALTH SYSTEMS

HEALTH CARE PLAN CAPITATION PAYMENTS - TABLE 13

A Health Care Plan is an organized system which provides comprehensive health care services to an enrolled population.

Under Section 14200 et seq., of the Welfare and Institutions (W&I) Code, the Medi-Cal Program beneficiaries may be required to enroll in one of two or more Managed Care plans as an alternative to the Medi-Cal Fee-For-Service (FFS) system. Under this authority, the Department of Health Services contracts with Health Care Plans (HCPs) and pilot projects to provide comprehensive, managed care in specified areas of the State on a prepaid, at-risk basis. Under Federal Law, California's HCPs are the equivalent of Health Maintenance Organizations (HMOs).

HCPs are reimbursed at a per-person, per-month FFS equivalent Medi-Cal cost.

Payments shown in this report are obtained from the Monthly Contract Expenditure and Encumbrance Status Report, CY 2002. This includes all dollars, initial capitation, "net changes" from previous months, adjustments, and retroactive payments, but excludes advance payments. Special Projects include plans providing care to the elderly and AIDS beneficiaries.

During 2002, \$3.3 billion in capitation payments were made to Health Care Plans by the Medi-Cal program. This was \$410.8 million (or 14.3 percent) more than was paid in the prior year (see Table 13 of the Annual Statistical Report for Calendar Year 2001).

TABLE 13

MEDI-CAL PROGRAM
TOTAL MANAGED CARE CAPITATION PAYMENTS EXCLUDING COHS PLANS
CALENDAR YEAR 2002

MANAGED CARE PAYMENTS BY TYPE						
MONTH/YEAR	TOTAL	2-Plan	GMC	FFS-MCN*	PHP*	SPECIAL PROJECT/PCCM
Jan-02	\$252,618,688	\$213,039,592	\$31,872,621	0*	\$150,217	\$7,556,258
Feb-02	255,742,495	215,767,127	32,020,476	0*	151,342	7,803,550
Mar-02	262,845,352	222,505,042	32,103,239	0*	147,246	8,089,825
Apr-02	266,038,705	225,488,793	32,218,796	65,012	147,613	8,118,491
May-02	270,269,555	229,098,817	32,408,518	65,624	150,193	8,546,403
Jun-02	270,397,395	229,376,525	32,465,788	67,689	148,902	8,338,491
Jul-02	273,003,189	231,954,813	32,527,126	0*	151,434	8,369,816
Aug-02	275,433,978	238,095,878	28,605,567	0*	151,812	8,580,721
Sep-02	280,274,906	238,424,027	33,046,105	0*	154,662	8,650,112
Oct-02	276,666,494	234,817,221	33,200,080	0*	155,846	8,493,347
Nov-02	282,652,973	240,759,620	33,125,641	0*	0*	8,767,712
Dec-02	316,755,662	274,260,571	33,277,253	323,541	322,077	8,572,220
CY TOTAL	\$3,282,699,392	\$2,793,588,026	\$386,871,210	\$521,866	\$1,831,344	\$99,886,946

Note: This includes all dollars, initial capitation, "net changes" from previous months adjustments, and retroactive payments, but excludes advance payments.

* Due to contract negotiations, capitation payments were delayed for these months.

Source: State of California, Department of Health Services, Medi-Cal Managed Care Division, Monthly Contract Expenditure and Encumbrance Status Report, CY 2002.

HEALTH CARE PLAN ENROLLMENT - [TABLE 14](#)

An average of 2,669,661 Medi-Cal eligibles were enrolled in Health Care Plans (HCPs) each month of 2002. The enrollment increased 10.8 percent from the 2,408,383 persons enrolled in the prior year (see Table 14 of the Annual Statistical Report for Calendar Year 2001).

Los Angeles County had the greatest number of managed care enrollees in 2002, 1,307,565 (49.0 percent of the total).

San Diego and San Bernardino Counties were the only counties with at least 6.5 percent of the total enrollment.

TABLE 14

MEDI-CAL PROGRAM
AVERAGE MONTHLY MANAGED CARE BENEFICIARIES EXCLUDING COHS PLANS
CALENDAR YEAR 2002

COUNTY	AVERAGE MONTHLY BENEFICIARIES				
	TOTAL	2-Plan/GMC	FFS-MCN	PHP	SPECIAL PROJECTS/PCCM
Alameda	97,154	96,840	0	18*	314
Contra Costa	46,999	46,999	0	0	5*
Fresno	153,452	153,452	0	0	0
Kern	99,825	99,824	0	0	1*
Los Angeles	1,307,565	1,305,843	0	0	1,722
Marin	286	2*	0	286	0
Placer	7,246	7*	7,246	0	0
Riverside	128,684	128,276	0	0	408
Sacramento	160,670	160,498	0	1*	172
San Bernardino	173,928	173,723	0	0	205
San Diego	174,471	174,471	0	0	0
San Francisco	43,168	42,190	0	3*	978
San Joaquin	71,756	71,756	0	0	0
Santa Clara	77,720	77,720	0	1*	0
Sonoma	24,642	5*	24,017	625	0
Stanislaus	28,889	28,889	0	0	0
Tulare	73,148	73,148	0	0	0
Yolo	16*	15*	0	0	1*
Total	2,669,661	2,633,658	31,263	934	3,806

Note: "Special Projects" include plans providing care to the elderly and AIDS beneficiaries.

Counties that are not Managed Care plans are not included in this table, except Yolo County.

*These beneficiaries reflect a delay in posting.

Source: State of California, Department of Health Services, Managed Care Division, Monthly Enrollment Report FFS-MCN.

State of California, Department of Health Services, MCSS File HCP0212 Benes by Managed Care Plan 2002-12.xls, created from the December 2002 Month of Eligibility File using a six-month lag.

COUNTY ORGANIZED HEALTH SYSTEMS - TABLE 15

County Organized Health Systems (COHS) are prepaid by the Medi-Cal program on a capitated, at-risk basis. COHSs are responsible for providing authorization and payment for most non-dental, Medi-Cal services rendered to Medi-Cal eligibles residing in their respective counties.

The COHS estimated eligibles and estimated payments shown in this report are obtained from the Rate Sheet for Managed Care Plans and the Medi-Cal Eligibility Data System Summary File.

In 2002 there were COHS in eight counties (Monterey, Napa, Orange, San Mateo, Santa Barbara, Santa Cruz, Solano and Yolo).

An average of 512,261 Medi-Cal eligibles were enrolled in COHS each month of 2002. The enrollment increased 11.6 percent from the average of 459,089 persons eligible each month in 2001.

During 2002, \$1.3 billion in capitation payments were made to COHS by the Medi-Cal program. This was \$74,614,669 million or 6.0 percent more than the \$1.25 billion paid in 2001 (see Table 15 of the Annual Statistical Report for calendar year 2001).

The Santa Barbara Health Initiative (SBHI) was effective September 1, 1983. A total of \$126.9 million in capitation payments were made for an average of 48,271 monthly eligibles during 2002.

The Health Plan of San Mateo (HPSM) was effective December 1, 1987. A total of \$99.3 million in capitation payments were made for an average of 42,113 monthly eligibles during 2002.

The Partnership HealthPlan of California (PHC), in Solano County was effective May 1, 1994. Napa County was effective March 1, 1998, and Yolo County was effective in March 2001. A total of \$222.1 million in capitation payments were made for an average of 75,133 monthly eligibles.

The CalOPTIMA in Orange County, was effective October 1, 1995. A total of \$681.4 million in capitation payments were made for an average of 267,294 monthly eligibles.

The Central Coast Alliance for Health in Santa Cruz County was effective January 1, 1996, and the Central Coast Alliance for Health in Monterey County was effective October 1, 1999. A total of \$194.2 million in capitation payments were made for an average of 79,450 monthly eligibles.

TABLE 15

MEDI-CAL PROGRAM
ESTIMATED AVERAGE MONTHLY COUNTY ORGANIZED HEALTH SYSTEMS (COHS)
ELIGIBLES AND TOTAL ANNUAL COHS CAPITATION PAYMENTS BY PLAN
CALENDAR YEAR 2002

PLAN COUNTY	ESTIMATED AVERAGE MONTHLY ELIGIBLES	ESTIMATED TOTAL ANNUAL CAPITATION PAYMENTS
TOTAL	512,261	\$1,323,873,647
CalOPTIMA Orange	267,294	681,367,753
Santa Barbara Health Initiative Santa Barbara	48,271	126,860,349
Health Plan of San Mateo San Mateo	42,113	99,316,119
Partnership Healthplan of CA Napa Solano Yolo	75,133	222,121,403
Central Coast Alliance for Health Monterey Santa Cruz	79,450	194,208,023

Source: State of California, Department of Health Services, Medi-Cal Managed Care Division. The source for the "average number of eligibles" is the file on the DHS/MCSS website entitled "HCP0301_Benes_by_Managed_Care_Plan_2003_01.xls." This file was created using six-month lag files, so most retroactive eligibles will have been posted to each month during calendar year 2002, but for prior months.

The source for the "Total Annual COHS Capitation Payments by Plan" is the Monthly Contract Expenditure and Encumbrance Status Report. This report posts all payments to each COHS plan for that month e.g., initial eligibles, retroactive eligibles, AIDS eligibles, and adjustments; thus the payments are for roughly the same number of monthly eligibles shown in this chart, but not exactly.

CalOPTIMA

CalOPTIMA is a Medi-Cal County Organized Health System, in Orange County under contract to the State, and is designed to provide a more economical organization of health care resources on a case management basis.

All services authorized for Medi-Cal reimbursement will be provided through CalOPTIMA with the following exceptions: services authorized by the California Children's Services program for the diagnosis and treatment of the CCS eligible condition of a specific member; dental services, as defined in Table 22, CCR, Section 51059; Short-Doyle/Medi-Cal (SD/MD) and Medi-Cal fee-for-service mental health services, including psychiatric inpatient services and outpatient mental health services provided by mental health professionals; alcohol and drug treatment services available under the (SD/MD) program as defined in Title 22, CCR, Section 51341(a) and (c) and outpatient heroin detoxification as defined in Title 22, CCR, Section 51328; services rendered under the Adult Day Health Programs pursuant to Title 22, CCR, Section 54001; services rendered under the Multipurpose Senior Services Program pursuant to Chapter 5 (commencing with Section 9400) of Part I of Division 8.5 of the Welfare and Institutions code; or Home and Community Based Care waived services as defined in Title 22, CCR, Section 51176; Local Education Authority (LEA) services as described in Title 22, CCR, Section 51360 when provided pursuant to an Individual Education Plan (IEP) or Individual Family Services Plan (IFSP); LEA assessment services as described in Title 22, CCR, Section 51360(b)(1) for eligible students; services rendered in a state or federal hospital; laboratory services provided under the state Serum Alpha-fetoprotein Testing Program administered by the Genetic Disease Branch of the Department of Health Services; fabrication of Optical Lenses; and Targeted Case Management Services as specified in Title 22, CCR, Section 51351.

CalOPTIMA

<u>Aid Group</u>	<u>Aid Code</u>
Adult	81, 86, 87
Aged	10, 14, 16, 17, 18
Child	4A, 4K, 5K, 7J, 3, 4, 45, 82, 83
Disabled	6A, 6C, 6H, 6N, 6P, 6R, 6V, 6W, 6X, 6Y, 20, 24, 26, 27, 28, 36, 60, 64, 65, 66, 67, 68
Family	3A, 3C, 3P, 3R, 1, 2, 8, 30, 32, 33, 34, 35, 37, 38, 39, 40, 42, 54, 59, 0A, 3E, 3G, 3H, 3L, 3M, 3N, 3U, 4C, 4F, 4G, 5X, 7X
Long Term Care	13, 23, 63, 53
Percent of Poverty	47, 72, 7A, 8P, 8R
Breast and Cervical Cancer Treatment Program (BCCTP)	0M, 0N, 0P, 0R, 0T, 0U

Estimated capitation payments do not include payments made to County Organized Health Systems for excess risk liability claims.

SANTA BARBARA HEALTH INITIATIVE (SBHI)

The Santa Barbara Health Initiative (SBHI) is a Medi-Cal County Organized Health System administered by Santa Barbara Regional Health Authority under contract to the State. This program provides health care services on a case management basis.

All services authorized for Medi-Cal reimbursement are provided through the Santa Barbara Health Initiative with the following exceptions: Services in any Federal or State governmental hospital; services rendered under California Children's Services (CCS) case management and not reimbursable under the State's Title XIX program; Child Health and Disability Prevention (CHDP) services to eligibles under 21 years of age provided in accordance with the provisions of Title 17, California Code of Regulations (CCR), Section 6800, et seq.; dental services, as defined in Title 22, CCR, Section 51059; Specialty Mental Health and Short-Doyle/Medi-Cal mental health services; Adult Day Health Care; laboratory analysis and reporting under the State serum alpha-fetoprotein testing program administered by the Genetic Disease Branch of the State Department of Health Services; the facility or per diem charge component of services rendered to covered beneficiaries 21 to 64 years of age institutionalized in a Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accredited facility designated by the United States Department of Health and Human Services (DHHS) as an Institution for the Mentally Disordered (IMD), except for covered beneficiaries who were receiving such services before turning 21 years of age and who may continue to require such services, in which case coverage may be extended until the beneficiary's 22nd birthday; and the facility or per diem charge component of services rendered to covered beneficiaries 64 years of age and under, institutionalized in a non-JCAHO accredited facility designated by DHHS as an IMD.

- Specialty Mental Health Services including psychiatric inpatient services and outpatient mental health services provided by psychologists or psychiatrists, or by Specialty Mental Health providers under the EPSDT program. However, as specified in Article V, Section F 2(g), or the Contract, the Authority is responsible for all mental health drugs.
- Short-Doyle Drug Medi-Cal Substance Abuse Services as defined in Title 22, CCR, Section 51341.1. However, outpatient heroin detoxification is a Covered Service under this Contract.

Currently, all recipients with an identification number beginning with county code 42 (Santa Barbara County) with the exception of Aid Codes 07, 7C, 44, 48, 49, 51, 52, 55, 56, 57, 58, 69, 70, 74, 75, and 79 who are eligible to receive medical benefits under Medi-Cal or as Medicare/Medi-Cal crossovers are served through the Santa Barbara Health Initiative.

Estimated capitation payments do not include payments made to County Organized Health Systems for excess risk liability claims.

For the period August 1, 2001 through December 21, 2001, the payments shall be made in accordance with the following schedule of rates.

Family:	0A, 01, 02, 08, 30, 32, 33, 34, 35, 37, 38, 39, 40, 42, 54, 59, 3A, 3C, 3E, 3G, 3H, 3L, 3M, 3N, 3P, 3R, 3U, 4F, 4M, 5X, and 7X
Disabled:	20, 24, 26, 27, 28, 36, 60, 64, 65, 66, 67, 68, 6A, 6C, 6H, 6N, 6P, 6V, 6W, 6X, and 6Y
Aged:	10, 14, 16, 17, 18, and 1H
Child:	03, 04, 45, 82, 83, 4C, 4A, 4K, 5K, and 7J
Adult:	81, 86, and 87
Long Term Care:	13, 23, 53, and 63
Percent of Poverty:	7A, 47, 72, 8P, and 8R

PARTNERSHIP HEALTHPLAN OF CALIFORNIA (PHC)

The Partnership HealthPlan of California (PHC) is a Medi-Cal County Organized Health System, under contract to the State, which is designed to provide a more economical organization of health care resources on a case management basis for most Medi-Cal recipients residing in Solano, Napa, and Yolo Counties.

Nearly all services authorized for Medi-Cal reimbursement will be provided through the Partnership HealthPlan of California with the following exceptions: Dental services, as defined in Title 22, California Code of Regulations (CCR), Section 51059, 51307 and 51340.1; Short-Doyle/Medi-Cal mental health services as defined in Title 22, CCR, Section 51341; Short-Doyle Drug Medi-Cal Substance Abuse Services as defined by Title 22, CCR, Section 51341.1; Laboratory analysis and reporting under the State serum alpha-fetoprotein testing program administered by the Genetic Disease Branch of the State Department of Health Services; services rendered under the Adult Day Health Programs pursuant to Title 22, CCR, Section 54001, et seq.; services rendered under the Multipurpose Senior Services Program pursuant to Chapter 5 (commencing with Section 9400) of Part 1 of Division 8.5 of the Welfare and Institutions Code; home and community-based care waived services as described in Title 22, CCR, Section 51346; Local Education Authority (LEA) services described in Title 22, CCR, Section 51360 when provided pursuant to an Independent Education Plan (IEP) or Individual Family Services Plan (IFSP); LEA assessment services as described in Title 22, CCR, Section 51360(b)(1) for eligible students; services rendered in a State or Federal hospital; fabrication of optical lenses for Solano, Napa, and Yolo County Medi-Cal beneficiaries only; specialty mental health services in Napa and Yolo counties (contractor is responsible for all mental health drugs for Solano County only). The plan changed its name on January 1, 1998. It expanded into Napa County on March 1, 1998, and into Yolo County on March 1, 2001. The Commission name was changed to include Yolo county in July and August of 2000. What this all means is that mental health (Specialty Mental Health Services including psychiatric inpatient and outpatient services provided by psychologists, psychiatrists, or by Specialty Mental Health providers under the EPSDT program) is carved out of the contract for Napa and Yolo beneficiaries only. Mental health services (Specialty Mental Health) is carved in for Solano County beneficiaries.

Currently, all recipients with a Medi-Cal identification number beginning with county codes 48 (Solano County), 28 (Napa County), and 57 (Yolo County) with the following Aid Codes receive medical services through the Partnership HealthPlan of California:

Aged:	10, 14, 16, 17, 18 and IH
Disabled:	20, 24, 26, 27, 28, 36, 60, 64, 65, 66, 67, 68, 6A, 6C, 6H, 6N, 6P, 6R, 6V, 6W, 6X, and 6Y
Family:	01, 02, 08, 30, 32, 33, 34, 35, 37, 38, 39, 40, 42, 54, 59, 0A, 3A, 3C, 3G, 3H, 3E, 3L, 3M, 3N, 3P, 3R, 3U, 4F, 4G, 4M, 5X, and 7X (effective December 1, 1998)

Child: 03, 04, 45, 82, 83, 4A, 4C, 4K, 5K, and 7J

Adult: 81, 86, and 87

Long Term Care: 13, 23, 53, and 63

IRCA/OBRA: 55, 58, 5F, 5G, and 5N

Percent of Poverty: 47, 72, 7A, 8P, and 8R (effective December 1, 1998)

Estimated capitation payments do not include payments made to County Organized Health Systems for excess risk liability claims.

HEALTH PLAN OF SAN MATEO (HPSM)

The Health Plan of San Mateo (HPSM) is a Medi-Cal County Organized Health System, under contract to the State, which is designed to provide a more economical organization of health care resources on a case management basis.

All services authorized for Medi-Cal reimbursement will be provided through the Health Plan of San Mateo with the following exceptions: Services rendered in any Federal or State governmental hospital ("State hospital" does not mean county hospital); Child Health and Disabilities Prevention (CHDP) services which are those health care services for eligibles under 21 years of age, and provided in accordance with Title 17, California Code of Regulations (CCR), Section 6800, et seq.; dental services, as defined in Title 22, CCR, Section 51307; Short-Doyle/Medi-Cal mental health services; all specialty mental health services, long term care services rendered by skilled nursing and intermediate care facilities; services rendered under the Adult Day Health Programs pursuant to Title 22, CCR, Section 54001, et seq.; services rendered under the Multipurpose Senior Services Program pursuant to Chapter 5 (commencing with Section 9400) of Part 1 of Division 8.5 of the Welfare and Institutions Code; and home or community-based services as defined in Title 22, CCR, Section 51176.

OBRA/IRCA recipients ceased to be served by HPSM effective February 1, 2002.

Currently, all recipients with an identification number beginning with county code 41 (San Mateo County) with the exceptions of aid codes 07, 7C, 44, 48, 49, 50, 69, 70, 74, 75, 79 and 80, who are eligible to receive medical benefits under Medi-Cal or as Medicare/Medi-Cal crossovers are served through the Health Plan of San Mateo.

Aged: 10, 14, 16, 17, 18, and 1H

Disabled: 20, 24, 26, 27, 28, 60, 64, 65, 66, 67, 68, 6A, 6C
6N, 6P, 6R, 6V and 6W, 36, 6H, 6X, and 6Y

Family: 01, 02, 08, 30, 32, 33, 34, 35, 37, 38, 39, 40, 42, 54,
59, 0A, 3A, 3C, 3E, 3G, 3H, 3L, 3M, 3N, 3P, 3R, 3U, 5X, 7X,
4C, 4F, 4G, and 4M

Child: 03, 04, 45, 82, 83, 4K, 5K, 4A and 7J

Adult: 81, 86, and 87

Long Term Care: 13, 23, 53, and 63

Percent of Poverty: 47, 72, 7A, 8P, and 8R (effective December 1, 1998)

Breast and Cer-
vical Treatment
Program (BCCTP) 0M, 0N, 0P, 0R, 0T, 0U (effective January 1, 2002)

Estimated capitation payments do not include payments made to County Organized Health Systems for AIDs and excess risk liability claims.

CENTRAL COAST ALLIANCE FOR HEALTH (CCAFH)

The Central Coast Alliance for Health (CCAFH), formerly called Santa Cruz County Health Options, is a Medi-Cal County Organized Health System administered by the Santa Cruz –Monterey Managed Medical Care Commission, under direct contract with the State. The program provides health care on a managed care basis. Monterey County joined Santa Cruz in October 1999, when CCAFH adopted its current name.

All services within the scope of the Medi-Cal program are provided through CCAFH with the following exceptions: services authorized by the California Children's Services (CCS) program for diagnosis and treatment of the CCS eligible condition of the specific member; dental services; mental health services, including psychiatric inpatient services and outpatient mental health services provided by mental health professionals; alcohol and drug treatment services available under the Short-Doyle/Medi-Cal program, and outpatient heroin detoxification; services rendered under the Adult Day Health Programs; services rendered under the Multipurpose Senior Services Program; home and community-based care waived services; Local Education Authority (LEA) services when provided pursuant to an Individual Education Plan or Individual Family Services Plan; LEA assessment services for eligible students; services rendered in a State or Federal hospital; laboratory services provided under the State serum alpha-fetoprotein testing program administered by the Genetic Disease Branch of the Department of Health Services; optical lenses and services provided by the Prison Industries Authority State contract; and Targeted Case Management services.

CCAFH serves all Medi-Cal recipients and Medicare/Medi-Cal eligible recipients who have Medi-Cal Identification numbers with county codes 27 (Monterey County) and 44 (Santa Cruz County) and eligibility under one of the following aid codes:

<u>Category</u>	<u>Aid Codes</u>
Adult:	81, 86, and 87
Aged:	10, 14, 16, 17, 18, and 1H
Child:	03, 04, 45, 82, 83, 4A, 4K, 5K, and 7J
Disabled:	20, 24, 26, 27, 28, 36, 60, 64, 65, 66, 67, 68, 6A, 6C, 6H, 6N, 6P, 6R, 6V, 6W, 6X, and 6Y
Family:	01, 02, 08, 30, 32, 33, 34, 35, 37, 38, 39, 40, 42, 54, 59, 0A, 3A, 3C, 3E, 3G, 3H, 3L, 3M, 3N, 3P, 3R, 3U, 4C, 4F, 4G, 4M, 5X, and 7X
Long Term Care:	13, 23, 53, and 63
Percent of Poverty:	47, 72, 7A, 8P, and 8R

Capitation payments do not include payments made to County Organized Health Systems for excess risk liability claims.

SECTION 6

MEDICARE PART A AND PART B BUY-IN ACTIVITY

SECTION 6

MEDICARE PART A AND PART B BUY-IN ACTIVITY – TABLE 16

Medicare, a medical insurance program, and Medi-Cal, a medical assistance program, together work to pay the medical bills of certain needy and low-income persons. The Medi-Cal Buy-In program purchases Medicare Part A and Part B Supplementary Medical Insurance (SMI) for program eligibles who are entitled to the coverage.

Table 16 is included to show the number of Medi-Cal eligibles who were also eligible for Medicare Part A and Part B SMI coverage and for whom Medi-Cal paid the enrollment premium (bought in for).

Part A SMI benefits include hospital inpatient services. Medi-Cal paid the monthly Medicare Part A enrollment premium for an average of 122,552 persons (93,966 aged and 27,474 blind/disabled). The monthly premiums averaged \$44.0 million.

Part B SMI benefits include physicians' medical and surgical services, outpatient hospital services, outpatient physical therapy and speech pathology services, durable medical equipment, services from independent laboratories, ambulance services, home health care, and a number of other health services and supplies. In addition to paying the monthly enrollment premium for eligible persons, Medi-Cal pays the annual deductible and the portion of covered medical costs that Medicare does not pay.

In 2002, Medi-Cal paid the Medicare Part B enrollment premium for an average of 515,115 aged persons each month. The monthly premiums for this group averaged \$30.4 million.

Medi-Cal paid the monthly Medicare Part B enrollment premium for 351,594 disabled persons with premiums averaging \$20.3 million per month. The Disabled category includes persons in the Disabled or Blind aid categories.

Table 16
Medi-Cal Program
Medicare Part A and Part B Buy-In Activity:
Average Monthly Number of Medi-Cal Eligibles and
Average Monthly Premium Payment
Calendar Year 2002

ELIGIBILITY CATEGORY	PART A		PART B/1/	
	ELIGIBLES	PREMIUM	ELIGIBLES	PREMIUM
TOTAL	122,552	\$43,993,437	866,713	\$50,748,220
Aged	93,966	INA	515,115	30,448,932
Blind/Disabled*	27,474	INA	351,594	20,299,288

INA: Information Not Available.

/1/: Includes Part A.

Note: Figures are rounded independently and may not add to totals.

* Category name has been changed to include blind. The data has always included disabled.

Source: State of California, Department of Health Services, Buy-In Reports.

SECTION 7
COUNTY DATA

SECTION 7

COUNTY DATA

[Table 17](#) shows the number of Medi-Cal eligibles, including Fee-For-Service (FFS), County Organized Health Systems (COHS), and Health Care Plans (HCPs), by age group and sex, for July 2002.

Males comprise 42.3 percent of the Medi-Cal eligibles. 45.9 percent of all eligibles are under age 21, 40.6 percent are of ages 21 to 64, and 13.5 percent are 65 and older.

Fifty-eight percent of all Medi-Cal eligibles are females. 45.9 percent are under age 21, 40.6 percent are of ages 21 to 64, and 13.5 percent are 65 and older.

[Table 18](#) shows the average monthly number of persons eligible for Medi-Cal in each county by program and aid category, excluding COHS, HCPs, and the Presumptive Eligibility for Pregnant Women Program.

Los Angeles County accounted for 32.8 percent of the FFS eligibles in the Public Assistance aid category. The Public Assistance aid category represents 45.2 percent of all FFS eligibles.

[Table 19](#) reports average monthly number of users by program and aid category, excluding COHS and HCPs. Division of Table 19 by Table 18 will give the proportion of eligibles using Medi-Cal services, or the utilization rate.

Los Angeles County accounted for 34.7 percent of the users. Los Angeles County's utilization rate of 63.0 percent was 3.9 percentage points lower than the statewide average of 66.9 percent.

[Table 20](#) is a companion to the two preceding tables. Cost per user can be obtained by dividing Table 20 by Table 19, while division by Table 18 gives cost per eligible.

Los Angeles County accounted for 36.8 percent of the statewide total expenditures. The County's annual cost per user was \$7,878. Los Angeles County's annual cost per eligible was \$4,961.

[Table 21](#) shows average monthly number of users by type of provider. Utilization rates for the various services can be obtained by dividing the number of users in Table 21 by the county total eligibles of Table 18.

For example, the statewide utilization rate for physician services was 18.7 percent, or approximately 18.7 out of every 100 eligibles used this service each month. The Los Angeles County utilization rate for physician services was 19.3 percent.

[Table 22](#) is a companion to Table 21. Cost per user by type of provider can be derived from the two tables.

For example, Los Angeles County's annual cost per user of physician services was \$1,979, which was 9.4 percent higher than the statewide average of \$1,809.

Physician services accounted for 6.8 percent of total expenditures statewide and 7.7 percent of expenditures in Los Angeles County.

[Table 23A](#) shows the number of inpatient hospitals, long term care facilities, and physicians receiving payments from the Fee-For-Service Medi-Cal program. The hospitals are the general acute care facilities and exclude state hospitals. Primary care physicians are reported separately by type of primary care specialty. Any other specialty (e.g., psychiatry, pathology, etc.) is included in the "All Other" column. Most of the decline in provider participation is due to the transition to Managed Care.

The number of physicians is understated. Due to the billing procedures used in the Medi-Cal program, the number of physicians practicing in groups is not known. A group is counted as only one physician throughout this table.

Thirty-six percent of the physicians billing the program were primary care physicians.

The physicians and physician groups that make up the primary care physician category are general/family practice (8.2 percent), internal medicine (14.1 percent), OB-GYN (7.6 percent, and pediatric specialty (5.9 percent).

[Table 23B](#) shows providers per 1,000 Fee-For-Service (FFS) eligibles. In this table we can see that most providers have maintained a stable relationship to FFS eligibles over the 2000-2002 period. General Practice, Dentists, and Pharmacies are the only provider categories to consistently decline.

[Table 24](#) shows the county distribution of selected providers receiving Medi-Cal program payments. These are provider types whose total numbers are high enough to provide a functional county distribution for this table.

Table 24 shows no selected providers for Alpine County. This is due to the low Medi-Cal enrollment (244 eligibles) and relatively small county population (1,230 people).

[Table 25](#) shows the population and Medi-Cal eligibles (including FFS, COHS, and HCPs) for each county.

Los Angeles County accounted for 28.1 percent of the population and 39.0 percent of the eligibles, followed by Orange County accounting for 8.4 percent of the population and 5.2 percent of the eligibles, and San Diego County accounting for 8.3 percent of the population and 5.3 percent of the eligibles.

[Table 26](#) shows the number of persons certified eligible for Medi-Cal (including FFS, COHS, and HCPs) by county and race/ethnicity in July 2002.

In terms of percentages, 47.1 percent of the Medi-Cal eligibles were reported as Hispanic, 23.7 percent as White, 12.9 percent as Asian/Pacific Islander, 11.5 percent as Black, 0.4 percent American Indian/Alaskan Native, and 4.4 percent as Not Reported race/ethnicity category.

[Table 27](#) shows the number of providers by provider type and status. As of December 31, 2002, there were 87,703 providers with Active Status, 261,164 providers with Inactive Status, 471 providers with Pending Status, 3,864 providers with Deceased Status, 3,758 providers with Suspended Status, 65,503 providers with Indirect Status, and 288 providers with Contract Status.

Please Note: The paid claims data on Tables 19-25 (Users and Payments) are limited for counties with Medi-Cal Managed Care populations due to the fact that not all covered services are reimbursed on a per claim basis.

TABLE 17
MEDI-CAL PROGRAM
PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE
TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)
TOTAL BOTH SEXES
JULY 2002
(COHS, HCPs, AND FFS)

COUNTY	TOTAL ALL AGES	TOTAL UNDER 21 YEARS	SINGLE YEARS OF AGE									
			Under 1	1	2	3	4	5	6	7	8	9
STATEWIDE	6,143,458	3,235,005	216,664	210,367	194,919	181,050	178,043	176,748	171,358	169,144	168,871	164,078
Alameda	190,095	89,627	6,051	5,469	4,866	4,525	4,628	4,462	4,394	4,398	4,460	4,361
Alpine	247	134	7	8	5	12	8	4	7	11	2	4
Amador	3,024	1,493	83	72	82	75	83	63	74	82	66	64
Butte	45,836	22,769	1,135	1,252	1,174	1,155	1,134	1,128	1,132	1,124	1,154	1,125
Calaveras	5,333	2,639	124	121	120	139	103	133	115	119	116	133
Colusa	4,421	2,325	188	177	125	137	127	118	103	119	111	124
Contra Costa	92,519	46,068	3,609	3,074	2,572	2,509	2,499	2,445	2,382	2,314	2,230	2,225
Del Norte	7,348	3,686	175	171	186	195	218	193	159	195	170	180
El Dorado	12,770	6,119	506	367	336	302	301	308	292	273	308	294
Fresno	241,281	138,768	8,577	8,465	7,945	7,495	7,419	7,435	7,089	7,171	7,330	7,251
Glenn	5,869	3,137	193	200	196	182	181	168	157	136	154	153
Humboldt	24,527	11,405	711	639	576	609	626	552	557	529	548	526
Imperial	43,367	21,301	1,191	1,143	1,112	1,054	996	1,069	1,003	999	1,028	1,048
Inyo	2,660	1,271	87	90	73	64	63	74	73	60	67	66
Kern	169,728	95,436	6,582	6,205	5,723	5,414	5,296	5,177	5,117	4,912	5,147	4,869
Kings	27,271	15,591	1,123	1,042	973	862	914	835	799	780	721	821
Lake	14,281	6,406	291	365	319	330	270	333	328	322	313	295
Lassen	4,651	2,309	124	122	118	127	110	135	99	99	109	114
Los Angeles	2,418,226	1,277,042	70,731	79,690	80,168	73,609	72,180	72,868	70,414	69,932	68,991	66,871
Madera	32,039	17,793	1,362	1,245	1,122	1,015	1,023	1,066	898	888	873	911
Marin	13,524	5,421	563	426	338	307	291	270	240	231	258	207
Mariposa	2,218	1,113	55	60	52	70	51	49	61	52	61	58
Mendocino	18,352	9,122	581	580	520	470	455	465	434	449	451	382
Merced	64,121	36,321	2,033	2,360	2,065	1,955	1,876	1,903	1,898	1,823	1,904	1,923
Modoc	2,166	1,094	43	43	55	61	45	50	48	54	45	62
Mono	1,018	580	78	51	24	38	32	24	33	17	22	24
Monterey	68,678	37,964	3,663	3,010	2,474	2,143	2,058	2,060	1,857	1,855	1,813	1,833
Napa	11,162	5,395	515	459	301	299	280	280	253	248	256	252
Nevada	7,592	3,461	263	231	183	183	176	183	183	141	168	152
Orange	322,695	173,241	16,995	13,863	11,922	10,314	10,055	9,847	9,386	8,996	8,700	8,370

TABLE 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

TOTAL BOTH SEXES

JULY 2002

(COHS, HCPs, AND FFS)

COUNTY	TOTAL ALL AGES	TOTAL UNDER 21 YEARS	SINGLE YEARS OF AGE									
			Under 1	1	2	3	4	5	6	7	8	9
Placer	17,442	8,121	654	529	451	457	403	421	420	437	435	368
Plumas	2,773	1,268	67	55	65	49	60	52	60	66	76	63
Riverside	241,135	138,559	11,386	9,797	8,428	8,024	8,002	7,731	7,263	7,283	7,134	6,786
Sacramento	251,985	136,220	7,513	7,579	7,091	6,867	6,969	6,830	7,007	7,138	7,268	7,285
San Benito	6,294	3,357	305	286	233	226	199	151	164	150	170	146
San Bernardino	328,610	191,254	13,594	12,507	11,118	10,683	10,736	10,481	10,294	10,179	10,291	9,821
San Diego	329,266	173,494	13,331	11,530	9,924	9,372	9,218	9,217	9,291	9,094	9,293	8,822
San Francisco	116,451	37,883	2,615	2,375	2,057	1,884	1,813	1,805	1,838	1,808	1,846	1,749
San Joaquin	123,582	67,351	4,537	4,188	3,638	3,539	3,573	3,474	3,290	3,431	3,356	3,241
San Luis Obispo	25,803	12,420	923	793	722	667	660	636	639	589	622	559
San Mateo	53,247	23,813	2,454	2,136	1,672	1,429	1,345	1,294	1,166	1,076	1,147	1,042
Santa Barbara	56,954	30,685	2,901	2,352	2,025	1,793	1,825	1,680	1,599	1,513	1,496	1,403
Santa Clara	179,048	80,397	6,823	5,861	4,797	4,422	4,242	4,061	3,926	3,602	3,866	3,788
Santa Cruz	28,962	14,512	1,483	1,144	935	786	761	734	711	642	631	665
Shasta	34,664	16,408	950	893	772	823	793	808	803	827	785	782
Sierra	432	204	15	8	8	9	9	8	8	12	5	5
Siskiyou	9,472	4,390	204	216	218	216	198	197	220	181	205	200
Solano	46,885	23,947	1,728	1,571	1,405	1,338	1,229	1,260	1,223	1,197	1,197	1,192
Sonoma	40,542	19,437	1,944	1,482	1,218	1,143	989	1,000	961	896	899	884
Stanislaus	101,836	54,277	3,749	3,375	3,030	2,919	2,888	2,824	2,852	2,789	2,744	2,686
Sutter	16,418	8,320	643	526	472	451	459	440	392	418	413	416
Tehama	12,967	6,607	421	362	307	366	317	299	356	343	335	359
Trinity	2,344	1,069	52	49	35	43	52	48	55	52	43	60
Tulare	119,181	68,068	4,639	4,679	4,031	3,804	3,756	3,679	3,471	3,438	3,425	3,488
Tuolumne	6,774	3,122	178	173	147	169	157	173	193	140	150	154
Ventura	90,191	47,828	4,578	3,534	3,140	2,722	2,685	2,598	2,364	2,328	2,296	2,249
Yolo	25,805	13,462	849	830	763	697	687	696	710	713	680	683
Yuba	17,376	9,501	489	537	492	502	520	454	497	473	487	484

TABLE 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

TOTAL BOTH SEXES

JULY 2002

(COHS, HCPs, AND FFS)

COUNTY	SINGLE YEARS OF AGE										
	10	11	12	13	14	15	16	17	18	19	20
STATEWIDE	163,681	157,979	151,347	139,035	131,302	124,989	121,681	115,720	107,907	97,690	92,432
Alameda	4,656	4,321	4,292	4,234	3,996	3,839	3,690	3,656	3,463	2,982	2,884
Alpine	5	4	4	9	10	5	7	8	6	4	4
Amador	68	81	82	77	74	81	85	48	59	47	47
Butte	1,099	1,199	1,161	1,185	1,047	1,022	1,013	918	935	857	820
Calaveras	121	131	153	149	138	132	142	120	141	91	98
Colusa	108	94	91	102	89	101	86	96	84	71	74
Contra Costa	2,243	2,224	2,251	1,992	1,998	1,878	1,747	1,733	1,564	1,338	1,241
Del Norte	183	199	182	179	154	165	161	156	167	150	148
El Dorado	285	285	308	283	249	275	241	271	233	220	182
Fresno	7,266	7,130	6,771	6,325	5,960	5,810	5,534	5,229	4,531	4,191	3,844
Glenn	157	153	138	144	135	137	130	127	109	114	73
Humboldt	543	573	588	534	516	502	496	500	448	414	418
Imperial	1,088	1,090	1,076	996	998	992	995	994	906	791	732
Inyo	64	58	60	52	48	52	54	47	39	40	40
Kern	4,931	4,692	4,424	4,078	3,919	3,700	3,624	3,265	3,095	2,721	2,545
Kings	756	771	724	655	620	564	576	578	524	496	457
Lake	362	337	358	365	312	291	315	266	245	189	200
Lassen	122	128	126	127	107	104	93	89	93	85	78
Los Angeles	66,407	63,392	60,009	53,662	50,780	48,281	46,832	44,166	41,744	38,945	37,370
Madera	846	835	809	751	686	662	623	541	610	527	500
Marin	242	228	220	214	183	179	191	211	212	185	225
Mariposa	56	67	55	54	51	61	48	53	42	29	28
Mendocino	424	470	447	461	407	377	395	395	368	303	288
Merced	1,890	1,797	1,835	1,593	1,538	1,526	1,422	1,458	1,332	1,170	1,020
Modoc	63	67	62	60	48	67	52	53	38	38	40
Mono	27	33	23	25	17	16	28	13	15	19	21
Monterey	1,750	1,609	1,588	1,437	1,355	1,271	1,257	1,312	1,269	1,202	1,148
Napa	243	240	232	195	209	210	205	206	159	191	162
Nevada	154	171	161	151	157	137	158	143	134	122	110
Orange	8,118	7,447	7,004	6,097	5,831	5,420	5,380	5,203	5,141	4,660	4,492

TABLE 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

TOTAL BOTH SEXES

JULY 2002

(COHS, PHPs, AND FFS)

COUNTY	SINGLE YEARS OF AGE										
	10	11	12	13	14	15	16	17	18	19	20
Placer	396	400	384	320	325	348	302	315	252	273	231
Plumas	60	72	69	70	52	72	64	53	53	42	48
Riverside	6,631	6,551	6,379	6,018	5,428	5,101	4,999	4,615	4,255	3,458	3,290
Sacramento	7,341	7,127	6,894	6,684	6,231	5,951	5,811	5,535	4,953	4,268	3,878
San Benito	137	135	132	124	112	111	123	116	120	104	113
San Bernardino	9,861	9,668	9,222	8,728	7,960	7,460	7,133	6,309	5,747	4,931	4,531
San Diego	9,009	8,708	8,417	7,834	7,295	6,686	6,317	6,071	5,357	4,542	4,166
San Francisco	1,829	1,731	1,683	1,755	1,691	1,593	1,658	1,619	1,666	1,460	1,408
San Joaquin	3,389	3,299	3,231	3,087	2,988	2,974	2,790	2,677	2,538	2,110	2,001
San Luis Obispo	625	582	589	579	513	502	489	480	440	423	388
San Mateo	1,021	992	952	828	798	734	759	766	764	751	687
Santa Barbara	1,428	1,409	1,284	1,103	1,117	1,035	1,058	975	933	889	867
Santa Clara	3,562	3,432	3,350	3,016	3,087	2,881	3,029	3,194	3,245	3,174	3,039
Santa Cruz	607	643	560	582	572	569	548	587	495	445	412
Shasta	830	850	882	833	785	730	757	684	637	628	556
Sierra	11	11	11	16	11	10	9	15	8	8	7
Siskiyou	201	220	267	230	226	211	227	234	198	157	164
Solano	1,218	1,196	1,136	1,047	1,002	923	957	869	807	763	689
Sonoma	876	819	846	755	678	734	752	736	663	578	584
Stanislaus	2,659	2,693	2,554	2,437	2,389	2,237	2,172	2,027	1,848	1,733	1,672
Sutter	434	415	407	355	348	313	333	325	291	239	230
Tehama	340	336	333	307	307	312	290	288	234	198	197
Trinity	61	54	66	66	48	57	63	60	38	28	39
Tulare	3,348	3,370	3,169	2,980	2,781	2,695	2,623	2,556	2,195	2,072	1,869
Tuolumne	135	156	160	152	140	141	148	147	107	90	112
Ventura	2,184	2,175	2,030	1,842	1,731	1,727	1,695	1,701	1,501	1,418	1,330
Yolo	697	632	616	636	599	586	566	544	485	421	372
Yuba	514	477	490	465	456	439	429	367	371	295	263

Table 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

TOTAL BOTH SEXES

JULY 2002

(COHS, HCPs, AND FFS)

COUNTY	21 YEARS AND OVER	AGE GROUP IN YEARS									
		21-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65 and Over
STATEWIDE	2,908,453	275,432	344,317	344,016	317,937	274,391	213,075	159,600	126,247	114,187	739,251
Alameda	100,468	7,662	9,332	9,208	9,228	8,940	7,931	6,536	5,015	4,300	32,316
Alpine	113	8	16	13	13	13	19	8	3	5	15
Amador	1,531	139	133	157	157	188	138	72	84	68	395
Butte	23,067	2,316	2,723	2,509	2,525	2,670	2,124	1,616	1,305	1,012	4,267
Calaveras	2,694	246	272	278	319	311	266	203	125	117	557
Colusa	2,096	242	264	273	205	210	151	108	99	85	459
Contra Costa	46,451	4,044	5,031	4,866	4,661	4,208	3,481	2,787	2,221	1,975	13,177
Del Norte	3,662	339	373	414	442	442	360	237	233	210	612
El Dorado	6,651	597	758	716	703	778	588	439	328	261	1,483
Fresno	102,513	11,344	13,716	12,759	12,312	10,416	7,822	5,773	4,506	3,783	20,082
Glenn	2,732	267	344	348	329	266	215	159	129	125	550
Humboldt	13,122	1,198	1,611	1,447	1,377	1,621	1,348	1,096	764	604	2,056
Imperial	22,066	1,943	2,076	2,044	2,260	2,042	1,735	1,261	937	905	6,863
Inyo	1,389	123	134	153	155	122	116	80	60	66	380
Kern	74,292	9,075	10,686	9,837	9,195	7,646	5,431	3,863	3,089	2,786	12,684
Kings	11,680	1,446	1,712	1,501	1,391	1,120	803	546	462	420	2,279
Lake	7,875	581	647	779	832	866	784	651	556	463	1,716
Lassen	2,342	236	254	261	281	228	191	162	138	110	481
Los Angeles	1,141,184	110,776	143,669	148,810	131,806	106,171	78,694	55,728	43,381	40,651	281,498
Madera	14,246	1,796	2,209	1,916	1,682	1,334	923	720	532	455	2,679
Marin	8,103	591	864	843	796	750	695	636	452	333	2,143
Mariposa	1,105	86	85	118	141	129	98	95	56	40	257
Mendocino	9,230	804	1,040	1,046	1,015	1,018	804	712	573	426	1,792
Merced	27,800	3,326	3,832	3,647	3,284	2,869	2,051	1,438	1,120	983	5,250
Modoc	1,072	77	103	138	127	112	88	88	62	48	229
Mono	438	57	73	67	60	38	37	18	15	19	54
Monterey	30,714	3,869	4,856	4,082	3,344	2,688	1,979	1,499	1,143	962	6,292
Napa	5,767	527	739	658	614	520	411	280	265	205	1,548
Nevada	4,131	380	398	388	440	426	372	303	235	166	1,023
Orange	149,454	11,995	16,601	17,101	15,022	12,809	10,018	7,777	6,312	5,938	45,881

TABLE 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

TOTAL BOTH SEXES

JULY 2002

(COHS, HCPs, AND FFS)

COUNTY	21 YEARS AND OVER	AGE GROUP IN YEARS									
		21-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65 and Over
Placer	9,321	824	958	933	905	915	742	603	493	415	2,533
Plumas	1,505	126	141	125	135	178	143	128	95	72	362
Riverside	102,576	11,101	12,456	11,688	11,092	9,416	7,403	5,465	4,825	4,343	24,787
Sacramento	115,765	10,541	12,823	13,178	13,283	12,784	10,294	7,788	5,993	5,454	23,627
San Benito	2,937	416	442	331	325	238	142	136	86	85	736
San Bernardino	137,356	15,015	17,452	16,851	15,919	14,074	10,307	7,652	6,208	5,684	28,194
San Diego	155,772	11,897	15,200	15,674	15,305	14,698	12,266	9,400	7,599	6,934	46,799
San Francisco	78,568	2,845	4,188	4,837	5,579	6,028	6,086	5,446	4,140	3,912	35,507
San Joaquin	56,231	5,935	6,729	6,445	6,162	5,399	4,348	3,599	2,933	2,481	12,200
San Luis Obispo	13,383	1,266	1,582	1,554	1,493	1,469	1,180	926	675	468	2,770
San Mateo	29,434	2,265	2,902	2,716	2,347	1,982	1,568	1,273	1,104	1,084	12,193
Santa Barbara	26,269	2,837	3,544	3,240	3,017	2,510	1,946	1,505	1,186	964	5,520
Santa Clara	98,651	7,667	9,831	9,267	8,081	7,428	6,265	5,074	4,140	4,017	36,881
Santa Cruz	14,450	1,418	1,726	1,627	1,579	1,395	1,226	971	706	525	3,277
Shasta	18,256	1,766	1,845	1,955	2,049	2,089	1,702	1,311	1,110	916	3,513
Sierra	228	24	14	17	22	19	14	11	10	16	81
Siskiyou	5,082	404	438	478	560	595	533	380	323	272	1,099
Solano	22,938	2,365	2,789	2,539	2,443	2,173	1,708	1,218	867	790	6,046
Sonoma	21,105	1,810	2,237	2,129	2,087	2,129	1,927	1,544	1,283	874	5,085
Stanislaus	47,559	4,811	5,705	5,611	5,373	4,778	3,671	2,883	2,462	2,151	10,114
Sutter	8,098	777	922	973	898	730	597	459	364	358	2,020
Tehama	6,360	623	650	748	727	770	505	409	351	292	1,285
Trinity	1,275	79	93	103	129	162	123	125	106	75	280
Tulare	51,113	6,009	7,111	6,800	6,288	5,059	3,751	2,641	2,100	1,804	9,550
Tuolumne	3,652	341	363	337	408	414	323	253	194	183	836
Ventura	42,363	4,335	5,378	5,160	4,619	3,847	2,904	2,214	1,664	1,517	10,725
Yolo	12,343	1,026	1,334	1,450	1,479	1,297	1,059	763	597	555	2,783
Yuba	7,875	819	913	873	917	864	669	532	433	425	1,430

Note: COHS = County Organized Health Systems; HCPs = Health Care Plans; FFS = Fee-For-Service.

Source: State of California, Department of Health Services, MCSS File Ages0207_Benes_by_Age_2002_07, created from the December 2002 Month of Eligibility File using a six-month lag.

TABLE 17 (Continued)

MEDI-CAL PROGRAM
 PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE
 TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

FEMALES

JULY 2002

(COHS, HCPs, AND FFS)

COUNTY	TOTAL ALL AGES	TOTAL UNDER 21 YEARS	SINGLE YEARS OF AGE									
			Under 1	1	2	3	4	5	6	7	8	9
STATEWIDE	3,544,786	1,626,684	106,773	102,744	95,313	88,267	86,875	86,192	83,778	83,176	82,447	80,066
Alameda	111,348	45,324	2,964	2,621	2,382	2,217	2,182	2,180	2,193	2,179	2,212	2,134
Alpine	138	65	3	3	3	8	3	2	4	5	1	1
Amador	1,814	791	42	37	42	37	42	34	43	41	27	33
Butte	25,762	11,258	548	610	569	505	550	551	556	561	555	558
Calaveras	2,970	1,253	58	58	61	56	44	64	56	51	55	63
Colusa	2,524	1,188	83	91	67	71	64	56	45	58	60	59
Contra Costa	54,816	23,372	1,784	1,544	1,271	1,228	1,205	1,157	1,210	1,179	1,086	1,095
Del Norte	4,124	1,849	84	86	93	106	111	98	67	88	86	91
El Dorado	7,408	3,088	255	179	163	141	151	147	126	136	145	146
Fresno	135,682	69,973	4,194	4,064	3,912	3,727	3,637	3,640	3,534	3,496	3,636	3,495
Glenn	3,368	1,597	92	107	87	102	85	88	79	73	70	74
Humboldt	13,719	5,673	348	302	276	305	284	278	264	250	264	276
Imperial	24,303	10,629	588	531	536	502	470	518	508	465	487	505
Inyo	1,495	607	37	38	27	34	32	38	32	25	33	28
Kern	95,431	48,095	3,194	3,025	2,818	2,645	2,577	2,586	2,514	2,418	2,539	2,368
Kings	15,421	7,951	568	508	503	398	435	425	390	374	361	404
Lake	8,131	3,273	144	197	175	162	129	162	155	160	141	150
Lassen	2,659	1,148	66	55	53	63	55	69	47	51	53	55
Los Angeles	1,405,168	640,385	34,965	38,857	39,215	36,028	35,196	35,510	34,580	34,323	33,813	32,752
Madera	17,762	8,985	657	618	532	487	503	514	428	441	421	434
Marin	7,936	2,731	269	208	184	160	131	137	110	108	117	97
Mariposa	1,260	562	22	36	20	40	23	21	37	30	28	31
Mendocino	10,313	4,504	288	283	242	235	220	230	193	229	217	170
Merced	36,030	18,259	1,024	1,154	1,020	954	894	932	908	892	915	950
Modoc	1,210	523	21	19	29	32	25	25	23	25	21	23
Mono	587	289	39	24	9	20	16	9	14	9	13	10
Monterey	39,864	19,458	1,862	1,465	1,201	1,010	1,006	1,054	885	910	895	904
Napa	6,429	2,715	247	230	146	146	148	123	133	120	122	126
Nevada	4,413	1,672	130	106	89	83	71	80	75	66	79	72
Orange	186,847	87,457	8,448	6,805	5,789	4,935	4,945	4,804	4,620	4,452	4,218	4,112

TABLE 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

FEMALES

JULY 2002

(COHS, HCPs, AND FFS)

COUNTY	TOTAL ALL AGES	TOTAL UNDER 21 YEARS	SINGLE YEARS OF AGE									
			Under 1	1	2	3	4	5	6	7	8	9
Placer	6,276	4,073	325	249	228	224	187	198	195	206	216	175
Plumas	1,607	625	33	32	29	22	33	21	24	37	42	25
Riverside	140,056	69,920	5,668	4,799	4,105	3,923	3,887	3,709	3,481	3,589	3,523	3,334
Sacramento	143,300	68,348	3,678	3,760	3,528	3,324	3,452	3,334	3,425	3,525	3,481	3,594
San Benito	3,777	1,686	150	134	110	111	94	69	88	80	92	68
San Bernardino	190,014	96,234	6,603	6,027	5,424	5,182	5,324	5,128	4,986	5,051	5,017	4,808
San Diego	191,295	87,035	6,552	5,672	4,741	4,567	4,541	4,447	4,487	4,418	4,515	4,176
San Francisco	64,736	19,072	1,258	1,194	1,013	921	841	900	904	893	909	846
San Joaquin	69,953	33,896	2,211	2,040	1,801	1,712	1,732	1,683	1,607	1,677	1,564	1,621
San Luis Obispo	14,965	6,311	467	385	377	334	331	323	323	270	294	276
San Mateo	31,886	11,944	1,138	1,042	788	721	648	633	582	521	547	514
Santa Barbara	32,648	15,484	1,471	1,172	1,001	866	876	806	754	743	702	668
Santa Clara	104,522	40,590	3,309	2,825	2,347	2,170	2,081	2,023	1,898	1,807	1,912	1,842
Santa Cruz	16,765	7,401	754	583	451	399	365	347	352	330	331	322
Shasta	19,641	8,068	462	427	358	400	372	387	359	373	397	353
Sierra	236	91	5	4	5	4	6	4	4	7	1	3
Siskiyou	5,292	2,196	105	126	99	100	101	88	97	86	101	84
Solano	27,972	12,128	878	757	670	674	605	622	583	578	555	607
Sonoma	23,529	9,750	938	742	563	538	502	498	458	430	459	410
Stanislaus	58,440	27,318	1,890	1,651	1,502	1,411	1,395	1,345	1,422	1,405	1,324	1,268
Sutter	9,356	4,199	311	257	231	226	224	224	195	222	189	203
Tehama	7,427	3,419	199	189	168	197	144	161	178	167	169	167
Trinity	1,283	522	28	27	15	28	24	19	27	26	19	30
Tulare	66,191	34,301	2,318	2,280	2,009	1,800	1,895	1,745	1,674	1,727	1,707	1,707
Tuolumne	4,025	1,578	95	80	62	74	84	90	98	80	63	70
Ventura	52,316	24,374	2,251	1,764	1,561	1,337	1,307	1,284	1,166	1,113	1,094	1,129
Yolo	14,579	6,682	404	408	385	322	343	351	319	356	309	310
Yuba	9,684	4,765	248	257	228	243	247	221	263	244	245	240

TABLE 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

FEMALES

JULY 2002

(COHS, HCPs, AND FFS)

COUNTY	SINGLE YEARS OF AGE										
	10	11	12	13	14	15	16	17	18	19	20
STATEWIDE	80,764	77,789	74,070	68,036	64,559	62,074	60,986	60,172	60,040	60,981	61,582
Alameda	2,368	2,148	2,107	2,066	1,996	1,941	1,857	1,929	1,939	1,833	1,876
Alpine	2	4	2	3	6	1	3	5	2	2	2
Amador	27	43	47	43	38	43	44	27	35	28	38
Butte	544	574	549	570	494	496	508	437	504	496	523
Calaveras	57	64	69	69	68	59	65	63	67	49	57
Colusa	58	47	43	47	47	49	47	52	48	44	52
Contra Costa	1,079	1,094	1,121	958	1,022	916	856	934	905	862	866
Del Norte	93	108	92	84	78	74	81	64	87	90	88
El Dorado	146	137	162	144	122	129	118	139	127	143	132
Fresno	3,613	3,472	3,334	3,162	2,972	2,829	2,793	2,714	2,518	2,664	2,567
Glenn	73	80	64	73	73	70	68	60	57	71	51
Humboldt	278	266	278	262	240	246	252	257	239	248	260
Imperial	541	548	556	503	476	495	494	483	468	483	472
Inyo	31	23	27	32	20	26	29	28	20	24	23
Kern	2,389	2,278	2,110	2,045	1,932	1,888	1,824	1,679	1,733	1,751	1,782
Kings	371	384	343	318	279	297	305	318	316	318	336
Lake	170	166	205	189	177	139	149	142	117	109	135
Lassen	67	52	63	63	42	45	45	48	54	46	56
Los Angeles	32,944	31,197	29,484	26,252	24,922	23,958	23,456	23,027	22,840	23,281	23,785
Madera	440	415	394	357	357	326	318	293	360	356	334
Marin	117	120	96	114	88	80	98	112	125	116	144
Mariposa	29	32	32	25	31	24	22	24	26	13	16
Mendocino	210	230	221	213	196	182	178	201	213	168	185
Merced	934	883	892	767	751	786	714	754	708	740	687
Modoc	25	33	33	26	18	33	23	21	19	25	24
Mono	16	16	14	11	9	5	14	8	9	14	10
Monterey	840	804	782	688	683	637	691	731	757	830	823
Napa	113	117	122	88	94	106	100	115	84	115	120
Nevada	67	74	83	70	78	71	84	70	75	74	75
Orange	3,923	3,676	3,423	3,015	2,908	2,706	2,732	2,768	2,928	3,052	3,198

TABLE 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

FEMALES

JULY 2002

(COHS, HCPs, AND FFS)

COUNTY	SINGLE YEARS OF AGE										
	10	11	12	13	14	15	16	17	18	19	20
Placer	177	193	203	173	151	186	153	153	149	176	156
Plumas	19	40	29	38	24	36	29	24	30	26	32
Riverside	3,275	3,224	3,050	2,948	2,660	2,544	2,488	2,387	2,481	2,380	2,465
Sacramento	3,633	3,550	3,416	3,201	3,001	2,928	2,874	2,753	2,690	2,612	2,589
San Benito	62	67	57	67	47	59	59	60	67	64	81
San Bernardino	4,804	4,760	4,509	4,216	3,910	3,719	3,546	3,297	3,284	3,348	3,291
San Diego	4,438	4,289	4,089	3,851	3,642	3,362	3,146	3,174	3,027	2,948	2,953
San Francisco	918	859	815	862	836	822	812	837	920	871	841
San Joaquin	1,720	1,624	1,585	1,533	1,464	1,471	1,391	1,405	1,406	1,312	1,337
San Luis Obispo	292	297	297	284	248	233	232	258	258	281	251
San Mateo	494	460	438	406	397	344	414	391	446	531	489
Santa Barbara	717	680	619	528	536	503	539	517	550	607	629
Santa Clara	1,769	1,726	1,627	1,447	1,472	1,429	1,513	1,634	1,798	1,937	2,024
Santa Cruz	310	311	263	301	268	291	270	295	271	300	287
Shasta	377	430	444	411	388	370	362	317	345	393	343
Sierra	1	6	5	6	3	5	3	8	3	4	4
Siskiyou	100	108	132	97	121	110	124	115	106	91	105
Solano	590	589	543	501	495	470	494	479	452	499	487
Sonoma	430	394	401	372	335	364	379	368	383	379	407
Stanislaus	1,302	1,300	1,234	1,185	1,234	1,096	1,093	1,048	1,032	1,111	1,070
Sutter	211	202	196	166	169	161	156	178	168	150	160
Tehama	168	171	163	157	168	170	155	156	117	119	136
Trinity	35	25	26	31	24	26	33	22	18	15	24
Tulare	1,620	1,683	1,571	1,468	1,339	1,294	1,317	1,302	1,280	1,311	1,254
Tuolumne	68	64	79	77	72	72	75	74	64	62	75
Ventura	1,103	1,086	997	907	829	845	879	927	875	973	947
Yolo	326	337	311	306	283	287	268	289	248	263	257
Yuba	240	229	223	240	226	220	214	201	192	173	171

TABLE 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

FEMALES

JULY 2002

(COHS, HCPs, AND FFS)

COUNTY	21 YEARS AND OVER	AGE GROUP IN YEARS									
		21-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65 and Over
STATEWIDE	1,918,101	210,345	254,794	239,349	210,117	171,242	124,682	89,888	71,443	66,181	480,060
Alameda	66,024	5,954	7,141	6,598	6,182	5,581	4,515	3,603	2,788	2,412	21,250
Alpine	73	5	10	10	7	8	12	6	1	4	10
Amador	916	107	94	111	97	116	91	40	52	37	278
Butte	14,504	1,631	1,862	1,655	1,577	1,597	1,184	880	715	569	2,834
Calaveras	1,717	171	181	177	216	206	155	111	65	61	374
Colusa	1,336	181	201	182	135	115	93	45	53	49	282
Contra Costa	31,444	3,152	3,671	3,434	3,085	2,645	2,030	1,614	1,313	1,257	9,243
Del Norte	2,275	240	245	255	277	260	200	134	144	128	392
El Dorado	4,320	437	537	478	457	465	314	215	181	150	1,086
Fresno	65,709	8,509	9,705	8,438	7,851	6,309	4,408	3,211	2,480	2,139	12,659
Glenn	1,737	208	245	236	208	167	127	89	77	66	348
Humboldt	9,379	864	1,077	903	867	931	697	557	412	340	1,398
Imperial	12,804	1,372	1,476	1,409	1,529	1,285	1,070	696	505	451	3,881
Inyo	1,140	96	94	98	103	72	62	36	35	44	248
Kern	48,607	6,496	7,253	6,406	5,851	4,527	3,137	2,217	1,806	1,580	8,063
Kings	7,470	1,049	1,159	971	878	689	464	308	264	248	1,440
Lake	4,858	424	447	515	543	506	417	356	281	253	1,116
Lassen	1,511	176	185	172	194	134	111	87	78	60	314
Los Angeles	764,783	83,635	108,097	105,042	89,112	68,656	47,827	31,962	24,724	23,732	181,996
Madera	8,777	1,286	1,456	1,181	1,000	764	509	417	276	257	1,631
Marin	5,205	421	643	551	513	447	378	339	274	171	1,468
Mariposa	698	62	57	86	95	75	47	50	33	25	168
Mendocino	5,809	586	712	676	631	616	454	378	342	228	1,186
Merced	17,771	2,442	2,604	2,365	2,063	1,786	1,172	810	643	562	3,324
Modoc	687	59	74	92	79	65	52	51	30	27	158
Mono	298	43	58	49	41	29	19	10	7	10	32
Monterey	20,406	3,016	3,500	2,801	2,187	1,654	1,175	817	681	563	4,012
Napa	3,714	409	538	451	378	309	234	155	145	107	988
Nevada	2,741	291	294	269	300	267	207	156	130	86	741
Orange	99,390	9,888	12,910	12,157	9,871	7,914	5,804	4,390	3,490	3,477	29,489

TABLE 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

FEMALES

JULY 2002

(COHS, HCPs, AND FFS)

COUNTY	21 YEARS AND OVER	AGE GROUP IN YEARS									
		21-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65 and Over
Placer	6,286	639	704	657	601	563	403	340	279	273	1,827
Plumas	982	89	100	84	99	111	85	72	56	42	244
Riverside	70,136	8,908	9,649	8,537	7,624	6,019	4,390	3,259	2,845	2,562	16,343
Sacramento	74,952	8,073	9,467	9,175	8,517	7,663	5,749	4,356	3,465	3,184	15,303
San Benito	2,091	347	340	255	233	147	89	77	46	59	498
San Bernardino	93,780	11,814	13,196	12,160	10,921	9,029	6,267	4,555	3,668	3,325	18,845
San Diego	104,260	9,603	11,800	11,386	10,320	9,174	7,234	5,332	4,443	4,105	30,863
San Francisco	45,664	2,161	3,007	3,152	3,204	2,994	2,858	2,402	1,849	2,005	22,032
San Joaquin	36,057	4,386	4,753	4,341	3,985	3,293	2,462	2,051	1,701	1,403	7,682
San Luis Obispo	8,654	934	1,099	996	938	880	687	496	395	282	1,947
San Mateo	19,942	1,838	2,192	1,921	1,557	1,191	904	700	644	664	8,331
Santa Barbara	17,164	2,233	2,595	2,202	1,920	1,503	1,088	781	658	544	3,640
Santa Clara	63,932	6,010	7,112	6,310	5,200	4,549	3,656	2,849	2,272	2,380	23,594
Santa Cruz	9,364	1,151	1,288	1,107	967	819	667	528	363	279	2,195
Shasta	11,573	1,239	1,207	1,255	1,307	1,237	953	731	651	547	2,446
Sierra	145	16	10	9	15	13	7	6	7	7	55
Siskiyou	3,096	268	284	295	367	363	288	199	164	152	716
Solano	15,844	1,833	2,067	1,805	1,666	1,400	1,011	733	510	533	4,286
Sonoma	13,779	1,421	1,677	1,468	1,356	1,215	1,059	835	699	506	3,543
Stanislaus	31,122	3,637	4,060	3,783	3,403	3,012	2,182	1,693	1,434	1,288	6,630
Sutter	5,157	554	642	619	565	449	323	266	217	207	1,315
Tehama	4,008	426	422	480	449	467	290	233	196	168	877
Trinity	761	60	65	72	84	100	60	69	45	36	170
Tulare	31,889	4,471	4,804	4,296	3,789	2,916	2,095	1,480	1,137	992	5,909
Tuolumne	2,447	252	262	220	273	266	207	149	107	100	611
Ventura	27,942	3,385	3,901	3,437	2,928	2,369	1,721	1,238	974	915	7,074
Yolo	7,897	801	970	998	940	776	595	423	346	293	1,755
Yuba	4,919	586	595	561	562	529	387	295	247	237	920

Note: COHS = County Organized Health Systems; HCPs = Health Care Plans; FFS = Fee-For-Service.

Source: State of California, Department of Health Services, MCSS File Ages0207_Benes_by_Age_2002_07, Created from the December 2002 Month of Eligibility File using a six-month lag.

TABLE 18

MEDI-CAL PROGRAM
AVERAGE MONTHLY ELIGIBLES BY COUNTY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2002
(FFS ONLY)

COUNTY		PUBLIC ASSISTANCE					MEDICALLY NEEDY				
	TOTAL	Total	Aged	Blind	Disabled	Families	Total	Aged	Blind	Disabled	Families
STATEWIDE	2,955,950	1,337,066	327,046	20,918	646,754	342,348	1,114,395	155,481	988	77,185	880,740
Alameda	93,054	54,807	15,383	936	29,450	9,038	28,599	8,758	39	4,171	15,631
Alpine	244	128	7	0	32	89	105	2	0	8	94
Amador	3,023	1,210	137	6	480	587	1,556	197	0	102	1,257
Butte	45,626	22,260	1,610	255	8,844	11,551	19,826	1,538	10	999	17,279
Calaveras	5,291	2,695	248	25	892	1,530	2,235	183	0	100	1,952
Colusa	4,402	1,194	198	16	404	576	2,701	160	0	68	2,473
Contra Costa	45,302	24,159	5,940	456	14,029	3,733	16,255	3,868	11	1,816	10,561
Del Norte	7,313	4,244	263	36	1,672	2,273	2,607	179	2	132	2,294
El Dorado	12,770	5,574	562	59	2,358	2,595	6,209	636	3	344	5,227
Fresno	86,852	43,267	9,972	770	24,226	8,299	35,254	4,063	27	1,896	29,269
Glenn	5,890	2,398	278	32	778	1,310	2,980	153	1	84	2,742
Humboldt	24,455	12,804	862	117	6,151	5,674	9,855	652	6	516	8,681
Imperial	43,207	21,666	4,304	146	5,178	12,037	19,399	1,227	7	454	17,712
Inyo	2,645	828	131	8	361	328	1,615	182	1	71	1,361
Kern	68,842	33,107	5,766	576	18,792	7,973	28,353	3,136	17	1,946	23,254
Kings	27,190	11,644	1,143	93	3,241	7,168	13,671	562	3	265	12,841
Lake	14,300	8,631	864	81	3,513	4,172	5,152	452	6	337	4,358
Lassen	4,681	2,498	176	25	923	1,375	1,878	164	4	102	1,608
Los Angeles	1,088,773	437,957	144,318	7,694	213,787	72,157	351,545	60,216	502	25,014	265,813
Madera	32,067	13,433	1,295	104	3,313	8,721	16,463	651	5	304	15,503
Marin	13,135	5,494	865	79	2,845	1,705	6,255	848	11	453	4,943
Mariposa	2,214	981	113	11	343	514	1,086	106	1	54	925
Mendocino	18,282	8,360	787	64	3,541	3,968	8,450	566	5	340	7,539
Merced	64,248	30,270	2,605	215	7,495	19,955	29,188	1,306	14	574	27,293
Modoc	2,125	994	81	2	325	586	972	93	2	41	836
Mono	988	257	20	3	85	148	581	22	0	22	538
Monterey	13,729	131	6	0	41	83	9,269	10	0	9	9,249
Napa	1,806	63	2	0	28	32	1,247	3	0	34	1,210
Nevada	7,587	3,121	346	58	1,511	1,206	3,641	503	6	240	2,893
Orange	52,483	1,412	157	10	274	971	36,552	186	1	154	36,211

TABLE 18 (continued)
MEDI-CAL PROGRAM
AVERAGE MONTHLY ELIGIBLES BY COUNTY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2002

(FFS ONLY)

COUNTY	TOTAL	PUBLIC ASSISTANCE					MEDICALLY NEEDY				
		Total	Aged	Blind	Disabled	Families	Total	Aged	Blind	Disabled	Families
Placer	17,383	8,821	931	104	3,726	4,061	6,844	1,005	5	535	5,299
Plumas	2,736	1,266	147	16	628	475	1,263	140	3	48	1,072
Riverside	111,476	55,499	11,960	942	30,187	12,410	39,773	6,253	36	3,768	29,716
Sacramento	90,128	58,152	10,120	982	34,798	12,252	22,967	5,077	18	3,701	14,171
San Benito	6,266	2,384	364	23	537	1,461	3,067	251	1	73	2,742
San Bernardino	153,172	85,661	13,739	1,294	41,588	29,040	52,698	6,822	35	3,894	41,947
San Diego	153,650	86,417	24,619	1,686	48,955	11,158	46,204	10,481	38	6,168	29,516
San Francisco	72,660	48,701	20,449	853	23,808	3,591	18,205	6,847	37	3,763	7,558
San Joaquin	51,587	28,554	5,487	537	17,967	4,563	17,941	3,175	14	1,473	13,279
San Luis Obispo	25,781	10,610	1,116	94	4,883	4,518	12,802	1,104	3	753	10,942
San Mateo	10,707	204	33	3	61	108	6,745	30	1	54	6,660
Santa Barbara	8,545	202	12	2	67	121	6,300	73	1	78	6,149
Santa Clara	100,070	46,039	19,105	784	20,544	5,607	41,489	9,626	41	3,434	28,388
Santa Cruz	3,934	61	3	1	31	26	2,572	7	0	41	2,525
Shasta	34,659	18,308	1,423	141	8,211	8,533	14,074	1,142	7	784	12,141
Sierra	432	201	24	2	75	100	200	39	0	12	148
Siskiyou	9,441	4,891	477	48	2,105	2,262	3,956	336	0	175	3,445
Solano	3,536	182	14	1	97	70	2,581	9	0	20	2,552
Sonoma	39,757	16,071	1,830	225	7,988	6,029	18,136	2,029	13	1,828	14,267
Stanislaus	72,579	29,963	4,529	397	13,927	11,110	36,000	2,598	11	1,396	31,996
Sutter	16,349	6,605	1,017	73	2,432	3,082	8,165	559	2	214	7,390
Tehama	12,840	6,324	579	61	2,442	3,242	5,654	425	3	214	5,012
Trinity	2,339	1,295	123	14	562	597	922	105	0	63	754
Tulare	46,622	20,127	4,510	356	11,016	4,245	21,432	2,406	18	1,804	17,205
Tuolumne	6,789	3,462	282	26	1,494	1,660	2,803	399	1	181	2,223
Ventura	89,846	30,844	5,064	315	10,372	15,093	50,407	3,583	17	1,853	44,955
Yolo	2,882	363	7	0	85	272	1,929	10	0	8	1,911
Yuba	17,262	10,276	645	66	3,256	6,308	5,771	332	3	206	5,231

TABLE 18 (continued)

MEDI-CAL PROGRAM

AVERAGE MONTHLY ELIGIBLES BY COUNTY, PROGRAM, AND AID CATEGORY

CALENDAR YEAR 2002

(FFS ONLY)

COUNTY	MEDICALLY INDIGENT			MI/MN ALIEN WITHOUT SIS	REFUGEE/ ENTRANT	100 PERCENT POVERTY	133 PERCENT POVERTY	INCOME DISREGARD		
	Total	Adults	Children					Total	Infant	Pregnant Woman
STATEWIDE	76,358	4,480	71,877	229,821	1,101	43,518	33,245	100,571	21,954	78,617
Alameda	2,032	319	1,713	1,928	48	726	886	2,728	695	2,034
Alpine	5	0	5	1	0	1	0	3	1	2
Amador	72	2	70	11	1	60	34	64	19	45
Butte	1,202	20	1,182	183	40	600	493	898	260	637
Calaveras	118	8	110	20	0	71	42	82	29	54
Colusa	78	4	75	68	0	73	94	184	70	113
Contra Costa	1,591	89	1,501	650	11	430	519	1,414	393	1,021
Del Norte	196	4	192	41	0	73	57	75	20	55
El Dorado	293	8	285	86	2	148	141	258	117	141
Fresno	1,935	174	1,760	1,862	14	837	774	2,510	649	1,861
Glenn	136	6	131	54	0	70	88	154	55	98
Humboldt	653	18	635	35	1	369	275	378	149	229
Imperial	495	24	471	177	1	338	279	593	174	419
Inyo	45	2	44	20	0	22	44	64	26	38
Kern	1,839	100	1,739	1,753	2	715	530	2,164	437	1,728
Kings	466	23	443	227	0	298	365	449	239	211
Lake	220	6	214	50	0	56	60	98	37	61
Lassen	108	2	107	19	0	33	37	84	18	66
Los Angeles	27,370	1,064	26,306	197,178	431	18,379	9,641	38,428	6,426	32,002
Madera	471	12	459	502	1	352	383	391	187	204
Marin	316	4	312	337	7	106	193	397	165	232
Mariposa	54	2	52	1	0	25	28	36	19	17
Mendocino	461	8	452	128	0	228	253	350	147	204
Merced	972	48	924	637	0	1,011	924	1,141	378	763
Modoc	53	2	51	18	0	30	19	34	6	28
Mono	20	2	18	21	0	8	26	73	34	39
Monterey	75	0	75	1,847	0	236	190	1,661	6	1,655
Napa	29	1	29	2	0	24	25	345	1	343
Nevada	201	8	193	22	0	136	135	292	127	165
Orange	1,005	6	999	3,304	0	1,785	1,079	6,611	29	6,582

TABLE 18 (continued)
MEDI-CAL PROGRAM
AVERAGE MONTHLY ELIGIBLES BY COUNTY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2002
(FFS ONLY)

COUNTY	MEDICALLY INDIGENT			MI/MN ALIEN WITHOUT SIS	REFUGEE/ ENTRANT	100 PERCENT POVERTY	133 PERCENT POVERTY	INCOME DISREGARD		
	Total	Adults	Children					Total	Infant	Pregnant Woman
Placer	553	38	514	69	6	244	300	498	222	277
Plumas	72	4	68	7	0	39	27	58	21	37
Riverside	3,975	353	3,621	1,749	4	2,243	2,232	5,460	1,570	3,890
Sacramento	3,650	292	3,358	1,293	282	665	639	2,137	518	1,619
San Benito	178	12	166	127	0	71	121	285	96	189
San Bernardino	3,888	449	3,439	2,024	16	1,826	1,722	4,638	1,420	3,218
San Diego	6,843	459	6,384	1,706	59	3,030	2,180	6,139	1,664	4,475
San Francisco	1,556	55	1,501	956	33	355	337	1,980	416	1,564
San Joaquin	1,611	62	1,549	1,007	6	529	443	1,256	347	908
San Luis Obispo	764	71	693	108	0	289	414	696	343	354
San Mateo	234	1	233	1,606	0	167	204	1,249	13	1,237
Santa Barbara	76	0	76	497	0	102	114	870	3	867
Santa Clara	2,420	250	2,170	3,796	82	893	1,039	3,299	842	2,457
Santa Cruz	47	0	47	234	0	36	31	610	1	609
Shasta	945	24	921	42	8	422	265	524	169	356
Sierra	8	0	8	0	0	10	3	9	4	5
Siskiyou	190	8	182	21	2	142	91	119	44	75
Solano	45	1	44	3	0	72	71	473	4	469
Sonoma	1,125	83	1,042	440	2	1,001	1,172	1,519	771	747
Stanislaus	1,481	91	1,390	900	26	1,256	1,240	1,530	623	906
Sutter	332	7	326	140	7	348	282	422	170	252
Tehama	261	4	257	82	1	196	139	161	71	90
Trinity	32	1	32	0	0	32	19	31	16	15
Tulare	1,448	168	1,280	899	0	550	461	1,381	370	1,011
Tuolumne	139	5	134	4	0	140	90	126	48	79
Ventura	1,335	67	1,268	842	3	1,407	1,776	2,580	1,192	1,389
Yolo	166	0	166	0	0	24	48	314	3	311
Yuba	477	10	467	84	4	195	173	248	82	165

TABLE 18 (continued)
MEDI-CAL PROGRAM
AVERAGE MONTHLY ELIGIBLES BY COUNTY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2002
(FFS ONLY)

COUNTY	60-DAY POSTPARTUM	SPECIAL TREATMENT	QMB	PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	MEDI-CAL TUBERCULOSIS PROGRAM	MINOR CONSENT	BCCTP
STATEWIDE	2,013	53	5,177	INA	958	9,707	1,969
Alameda	8	4	166	0	202	878	43
Alpine	0	0	1	0	0	0	0
Amador	0	0	9	0	0	4	2
Butte	1	0	54	0	3	56	9
Calaveras	0	0	19	0	0	5	5
Colusa	1	0	5	0	1	3	1
Contra Costa	50	4	65	0	0	127	28
Del Norte	1	0	13	0	0	5	1
El Dorado	3	0	20	0	1	34	1
Fresno	59	0	20	0	34	245	42
Glenn	0	0	2	0	0	8	1
Humboldt	4	1	14	0	2	48	16
Imperial	0	1	48	0	4	203	3
Inyo	0	0	4	0	0	2	2
Kern	7	0	102	0	0	240	28
Kings	2	0	5	0	0	56	8
Lake	1	0	14	0	0	16	2
Lassen	0	0	17	0	0	6	1
Los Angeles	1,475	2	2,691	0	20	2,646	1,011
Madera	0	0	39	0	0	25	7
Marin	3	1	5	0	0	16	6
Mariposa	0	0	2	0	0	0	1
Mendocino	1	0	16	0	0	32	3
Merced	5	0	32	0	5	54	12
Modoc	0	0	4	0	0	0	0
Mono	1	0	0	0	0	0	1
Monterey	12	1	91	0	8	211	0
Napa	1	1	14	0	1	55	0
Nevada	3	0	15	0	4	12	5
Orange	26	0	227	0	17	465	1

TABLE 18 (continued)

MEDI-CAL PROGRAM
AVERAGE MONTHLY ELIGIBLES BY COUNTY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2002

(FFS ONLY)

COUNTY	60-DAY POSTPARTUM	SPECIAL TREATMENT	QMB	PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	MEDI-CAL TUBERCULOSIS PROGRAM	MINOR CONSENT	BCCTP
Placer	5	0	10	0	0	23	10
Plumas	2	0	0	0	0	1	2
Riverside	42	3	71	0	2	342	82
Sacramento	2	1	85	0	15	208	32
San Benito	2	0	8	0	0	17	4
San Bernardino	18	6	145	0	2	441	88
San Diego	148	5	301	0	14	381	225
San Francisco	24	0	177	0	45	227	65
San Joaquin	5	1	58	0	18	136	25
San Luis Obispo	7	2	23	0	0	57	9
San Mateo	19	10	134	0	26	109	0
Santa Barbara	20	1	19	0	0	345	0
Santa Clara	9	2	177	0	463	316	46
Santa Cruz	11	1	15	0	2	315	0
Shasta	1	0	27	0	2	28	14
Sierra	0	0	0	0	1	0	0
Siskiyou	0	0	16	0	0	10	5
Solano	3	1	21	0	25	60	0
Sonoma	12	1	7	0	0	261	10
Stanislaus	3	0	35	0	9	125	12
Sutter	1	1	28	0	0	16	5
Tehama	0	0	6	0	1	13	3
Trinity	0	0	0	0	0	2	5
Tulare	2	2	18	0	1	271	30
Tuolumne	0	0	4	0	0	16	4
Ventura	14	1	46	0	25	509	56
Yolo	1	1	8	0	6	22	0
Yuba	0	0	24	0	0	8	2

Note: FFS = Fee-For-Service. INA = Information Not Available.

Averages are rounded independently and may not add to totals.

The 185 Percent and 200 Percent programs have merged and are now called Income Disregard.

Renal Dialysis and TPN have merged and are now called Special Treatment.

Source: State of California, Department of Health Services, MCSS File HCP0212_Benes_by_Managed_Care_Plan_2002_12,
created from the December 2002 Month of Eligibility File using a six-month lag.

TABLE 19

MEDI-CAL PROGRAM
AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2002
(FFS ONLY)

COUNTY OF BENEFICIARY	TOTAL	PUBLIC ASSISTANCE					MEDICALLY NEEDED				
		Total	Aged	Blind	Disabled	Families	Total	Aged	Blind	Disabled	Families
STATEWIDE	1,976,379	1,118,884	247,573	16,817	528,764	325,730	605,232	116,703	822	64,815	422,892
Alameda	65,950	43,712	10,995	685	22,109	9,924	16,378	5,713	26	2,975	7,664
Alpine	85	49	5	0	16	27	32	1	0	6	24
Amador	1,761	789	112	6	362	308	857	169	0	81	606
Butte	24,558	13,687	1,306	189	6,850	5,342	9,430	1,286	9	828	7,308
Calaveras	2,782	1,568	208	20	704	636	1,068	147	0	79	842
Colusa	2,194	764	148	11	317	288	1,186	133	0	59	994
Contra Costa	32,311	19,419	4,229	331	10,263	4,597	9,960	2,720	10	1,293	5,938
Del Norte	3,903	2,520	208	29	1,272	1,012	1,197	137	2	98	960
El Dorado	6,713	3,418	418	41	1,674	1,286	2,850	526	3	261	2,061
Fresno	77,151	45,081	7,323	611	20,067	17,080	25,083	3,177	25	1,594	20,287
Glenn	3,017	1,455	214	25	605	611	1,308	129	0	72	1,106
Humboldt	14,262	8,374	733	88	4,645	2,908	4,939	556	4	401	3,979
Imperial	23,058	13,224	3,310	113	3,955	5,847	8,702	958	7	376	7,361
Inyo	1,435	555	103	6	272	174	785	154	1	60	570
Kern	51,368	29,113	4,111	431	14,692	9,879	18,168	2,498	14	1,549	14,107
Kings	14,471	7,122	897	68	2,503	3,654	6,182	489	3	229	5,461
Lake	8,549	5,646	727	67	2,780	2,072	2,644	372	6	271	1,995
Lassen	2,618	1,550	144	16	699	692	944	141	3	75	726
Los Angeles	685,632	393,746	108,503	6,292	174,880	104,071	186,163	42,404	406	20,138	123,215
Madera	16,271	7,967	955	88	2,557	4,367	6,975	565	5	264	6,141
Marin	6,899	3,492	606	53	2,092	741	2,605	613	9	360	1,623
Mariposa	1,267	621	96	9	268	249	574	95	0	49	429
Mendocino	10,406	5,620	642	55	2,806	2,117	4,071	462	5	288	3,317
Merced	29,514	16,194	1,945	168	5,630	8,451	11,381	1,046	12	483	9,841
Modoc	1,139	623	69	3	267	284	461	88	2	36	335
Mono	483	145	11	2	66	66	231	15	0	16	199
Monterey	13,995	4,382	381	39	1,814	2,148	6,119	278	1	205	5,635
Napa	1,746	688	67	10	460	151	702	122	1	82	497
Nevada	4,243	2,018	270	41	1,109	597	1,881	416	4	199	1,262
Orange	67,202	24,237	3,696	275	11,621	8,645	20,957	1,822	15	2,120	17,000

TABLE 19
MEDI-CAL PROGRAM
AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2002
(FFS ONLY)

COUNTY OF BENEFICIARY	TOTAL	PUBLIC ASSISTANCE					MEDICALLY NEEDY				
		Total	Aged	Blind	Disabled	Families	Total	Aged	Blind	Disabled	Families
Placer	9,504	5,384	675	77	2,717	1,916	3,306	824	4	410	2,068
Plumas	1,654	867	117	12	493	244	684	126	1	41	515
Riverside	75,096	41,731	7,831	711	22,873	10,316	22,600	4,506	29	2,987	15,077
Sacramento	60,404	44,104	7,252	731	26,414	9,708	11,877	3,640	14	2,734	5,489
San Benito	3,026	1,264	269	15	389	592	1,301	194	1	59	1,046
San Bernardino	103,931	62,731	9,085	965	30,850	21,830	30,082	4,979	30	3,050	22,024
San Diego	124,814	75,549	18,287	1,317	39,251	16,694	33,860	8,027	27	5,093	20,713
San Francisco	56,206	39,291	15,812	706	18,631	4,142	12,836	4,773	29	3,049	4,985
San Joaquin	38,735	24,587	3,826	399	14,150	6,212	11,092	2,481	13	1,177	7,421
San Luis Obispo	13,821	6,891	853	75	3,699	2,264	5,677	891	3	624	4,159
San Mateo	9,174	2,906	864	47	1,331	664	3,964	1,195	10	475	2,283
Santa Barbara	9,306	3,714	446	53	1,765	1,450	3,986	204	2	241	3,540
Santa Clara	63,453	36,578	13,806	582	15,479	6,710	20,353	6,161	34	2,565	11,593
Santa Cruz	5,928	2,595	259	29	1,583	724	2,251	192	2	253	1,805
Shasta	20,365	12,051	1,183	108	6,370	4,391	7,293	981	4	649	5,660
Sierra	243	123	19	2	57	46	104	35	0	10	59
Siskiyou	5,388	3,200	376	34	1,625	1,165	1,927	273	1	127	1,526
Solano	5,103	2,231	280	23	901	1,027	1,955	162	1	134	1,658
Sonoma	21,207	10,116	1,303	162	5,958	2,693	8,229	1,487	8	1,639	5,096
Stanislaus	42,533	22,166	3,429	290	11,177	7,271	16,968	2,044	7	1,070	13,847
Sutter	8,707	4,329	790	53	1,908	1,579	3,692	448	2	173	3,070
Tehama	7,100	4,097	492	47	1,935	1,624	2,576	371	1	181	2,023
Trinity	1,381	834	92	10	436	296	487	87	0	46	354
Tulare	45,999	24,519	3,418	291	9,225	11,585	17,130	2,039	13	1,542	13,536
Tuolumne	4,174	2,333	244	22	1,177	890	1,589	350	1	157	1,081
Ventura	44,952	18,723	3,483	225	7,698	7,317	21,480	2,623	13	1,503	17,341
Yolo	4,175	2,278	140	16	833	1,289	1,397	120	1	117	1,158
Yuba	9,164	5,916	511	46	2,485	2,874	2,704	260	1	160	2,283
Not Reported	5,858	0	0	0	0	0	0	0	0	0	0

TABLE 19
MEDI-CAL PROGRAM
AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2002
(FFS ONLY)

COUNTY OF BENEFICIARY	MEDICALLY INDIGENT			MI/MN ALIEN WITHOUT SIS	REFUGEE/ ENTRANT	100 PERCENT POVERTY	133 PERCENT POVERTY	INCOME DISREGARD		
	Total	Adults	Children					Total	Infant	Pregnant Woman
STATEWIDE	38,178	4,509	33,669	42,360	1,377	19,082	15,643	57,742	11,990	45,752
Alameda	968	258	710	801	61	312	458	1,635	398	1,238
Alpine	2	0	1	0	0	0	0	1	1	0
Amador	30	1	29	3	0	19	14	30	9	21
Butte	521	15	506	61	11	201	167	340	127	214
Calaveras	53	5	49	5	0	21	16	36	11	25
Colusa	31	2	29	30	0	20	35	104	42	61
Contra Costa	579	81	498	308	16	167	228	1,103	318	785
Del Norte	77	3	73	14	0	24	20	41	10	31
El Dorado	119	10	110	41	1	45	41	147	42	106
Fresno	1,124	162	961	765	13	639	533	1,833	473	1,360
Glenn	61	6	56	21	0	23	32	77	28	49
Humboldt	303	18	285	11	1	125	92	218	68	149
Imperial	213	24	188	58	0	113	114	273	93	180
Inyo	21	2	19	8	0	6	12	41	12	29
Kern	774	92	682	581	4	376	315	1,126	253	873
Kings	222	23	198	77	0	89	161	328	150	178
Lake	111	9	101	21	0	19	20	67	17	49
Lassen	43	2	41	5	0	10	9	29	9	20
Los Angeles	14,938	992	13,946	27,967	612	8,348	4,938	16,610	3,317	13,293
Madera	240	14	226	234	1	122	192	295	119	176
Marin	113	8	105	172	3	22	63	255	78	177
Mariposa	25	2	24	1	0	13	9	23	9	15
Mendocino	197	9	188	53	0	78	99	227	69	158
Merced	392	39	353	218	0	270	311	582	201	381
Modoc	22	2	20	4	0	7	7	8	3	5
Mono	17	3	14	13	0	2	9	54	16	37
Monterey	192	14	177	834	1	122	186	1,234	220	1,014
Napa	22	2	20	6	0	17	11	166	1	164
Nevada	87	6	81	10	0	46	44	134	48	86
Orange	1,058	181	877	1,916	43	988	619	5,188	130	5,058

TABLE 19
MEDI-CAL PROGRAM
AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2002
(FFS ONLY)

COUNTY OF BENEFICIARY	MEDICALLY INDIGENT			MI/MN ALIEN WITHOUT SIS	REFUGEE/ ENTRANT	100 PERCENT POVERTY	133 PERCENT POVERTY	INCOME DISREGARD		
	Total	Adults	Children					Total	Infant	Pregnant Woman
Placer	256	33	222	36	4	63	93	304	97	207
Plumas	38	3	34	1	0	14	10	29	10	19
Riverside	1,770	344	1,426	871	4	908	730	3,248	638	2,610
Sacramento	1,357	260	1,097	495	264	188	158	1,327	197	1,130
San Benito	83	10	73	59	0	17	43	150	49	101
San Bernardino	1,874	427	1,447	997	14	853	662	2,820	595	2,225
San Diego	3,219	526	2,693	1,101	95	1,492	1,220	4,282	862	3,420
San Francisco	603	80	524	370	46	276	397	1,588	387	1,201
San Joaquin	618	51	568	373	6	209	211	805	188	617
San Luis Obispo	342	66	276	63	0	93	150	434	157	278
San Mateo	179	21	158	399	4	87	162	904	85	819
Santa Barbara	122	15	106	281	0	86	92	784	41	743
Santa Clara	1,033	184	849	1,259	118	399	507	1,990	442	1,548
Santa Cruz	103	10	93	150	0	34	37	524	32	493
Shasta	419	25	394	13	3	133	100	265	76	189
Sierra	2	0	2	0	0	5	1	5	1	4
Siskiyou	90	8	82	6	1	44	31	66	20	47
Solano	64	6	57	15	0	74	35	312	6	306
Sonoma	551	83	468	227	2	219	348	989	344	645
Stanislaus	716	84	632	454	34	408	481	1,059	316	743
Sutter	129	6	123	53	6	95	106	230	90	140
Tehama	124	5	119	26	0	64	47	94	29	65
Trinity	13	1	12	0	0	10	7	19	7	13
Tulare	928	167	761	403	0	490	436	1,097	361	736
Tuolumne	62	5	57	3	0	46	33	80	23	57
Ventura	622	84	538	437	1	432	702	1,780	614	1,166
Yolo	102	6	96	7	10	33	24	211	3	208
Yuba	206	11	194	26	0	69	67	145	50	95
Not Reported	0	0	0	0	0	0	0	0	0	0

TABLE 19
MEDI-CAL PROGRAM
AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2002

(FFS ONLY)

COUNTY OF BENEFICIARY	60-DAY POSTPARTUM	SPECIAL TREATMENT	QUALIFIED MEDICARE BENEFICIARY	PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	MEDI-CAL TUBERCULOSIS PROGRAM	MINOR CONSENT	BCCTP	NOT REPORTED
STATEWIDE	1,803	34	6,277	55,727	249	6,232	1,699	5,858
Alameda	4	5	14	1,247	39	278	39	0
Alpine	0	0	0	1	0	0	0	0
Amador	0	0	1	12	0	4	2	0
Butte	2	0	9	84	1	38	7	0
Calaveras	1	1	4	0	0	5	5	0
Colusa	1	0	2	17	0	3	1	0
Contra Costa	25	2	6	360	0	115	23	0
Del Norte	0	0	3	0	0	7	2	0
El Dorado	5	0	2	15	1	27	1	0
Fresno	18	0	3	1,754	7	257	42	0
Glenn	0	0	1	31	0	6	1	0
Humboldt	5	0	3	140	1	35	15	0
Imperial	0	1	11	309	0	35	5	0
Inyo	0	0	1	1	0	2	2	0
Kern	7	0	17	685	0	173	29	0
Kings	6	0	1	235	0	44	5	0
Lake	1	0	3	5	0	10	2	0
Lassen	1	0	3	16	0	7	0	0
Los Angeles	1,506	3	327	28,383	5	1,276	811	0
Madera	3	0	9	201	0	25	8	0
Marin	4	1	1	149	0	14	6	0
Mariposa	0	0	0	0	0	1	1	0
Mendocino	3	0	4	27	0	26	2	0
Merced	3	0	5	91	1	53	13	0
Modoc	0	0	1	7	0	0	0	0
Mono	2	0	0	10	0	0	1	0
Monterey	18	1	36	655	2	211	3	0
Napa	3	0	6	111	0	15	0	0
Nevada	1	0	4	6	1	11	2	0
Orange	14	0	5,426	6,248	5	490	14	0

TABLE 19
MEDI-CAL PROGRAM
AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2002

(FFS ONLY)

COUNTY OF BENEFICIARY	60-DAY POSTPARTUM	SPECIAL TREATMENT	QUALIFIED MEDICARE BENEFICIARY	PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	MEDI-CAL TUBERCULOSIS PROGRAM	MINOR CONSENT	BCCTP	NOT REPORTED
Placer	2	0	0	19	0	29	9	0
Plumas	0	0	0	9	0	1	1	0
Riverside	18	1	10	2,788	0	340	79	0
Sacramento	2	1	5	430	1	172	24	0
San Benito	1	0	2	84	0	20	3	0
San Bernardino	10	5	17	3,342	0	449	76	0
San Diego	68	3	24	3,264	1	448	188	0
San Francisco	8	0	9	530	18	182	50	0
San Joaquin	6	1	10	672	5	118	23	0
San Luis Obispo	4	1	2	115	0	45	6	0
San Mateo	1	4	181	245	2	125	13	0
Santa Barbara	11	0	26	102	0	100	3	0
Santa Clara	4	2	7	843	145	181	34	0
Santa Cruz	6	0	12	90	0	124	2	0
Shasta	2	0	4	40	0	29	12	0
Sierra	0	0	0	1	0	0	0	0
Siskiyou	0	0	4	5	0	8	5	0
Solano	2	0	23	336	4	54	0	0
Sonoma	10	1	2	453	0	53	8	0
Stanislaus	2	0	5	92	1	136	11	0
Sutter	3	0	8	38	0	14	5	0
Tehama	1	0	1	53	1	16	2	0
Trinity	0	0	0	2	0	1	6	0
Tulare	1	2	2	801	2	158	32	0
Tuolumne	0	0	1	12	0	11	5	0
Ventura	10	0	8	470	3	229	57	0
Yolo	0	1	14	78	2	18	1	0
Yuba	1	0	4	16	0	8	3	0
Not Reported	0	0	0	0	0	0	0	5,858

Note: FFS = Fee-For-Service.

Averages are rounded independently and may not add to totals.

The Dialysis and Total Parenteral Nutrition programs have merged and are now called Special Treatment.

This table reflects only FFS provider payments. Therefore, data are limited for counties with Medi-Cal Managed Care populations.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures Month of Payment Calendar Year Report.

TABLE 20

MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2002

(FFS ONLY)

COUNTY OF BENEFICIARY	TOTAL	PUBLIC ASSISTANCE					MEDICALLY NEEDY				
		Total	Aged	Blind	Disabled	Families	Total	Aged	Blind	Disabled	Families
STATEWIDE	\$14,691,499,165	\$7,657,169,334	\$1,527,862,941	\$181,620,005	\$5,070,983,837	\$876,702,551	\$5,570,343,808	\$2,189,647,337	\$19,498,595	\$1,678,972,110	\$1,682,225,766
Alameda	560,077,565	311,704,273	58,587,573	6,543,494	215,832,795	30,740,412	211,181,612	110,950,798	530,733	63,931,698	35,768,383
Alpine	495,613	261,078	29,575	100	146,357	85,047	225,690	22,827	0	118,470	84,393
Amador	12,154,112	4,579,770	552,294	67,366	2,985,005	975,104	7,060,619	3,993,937	1,009	655,002	2,410,670
Butte	159,014,955	91,093,226	7,708,115	2,307,173	64,117,906	16,960,032	62,098,052	25,212,463	244,206	10,202,272	26,439,112
Calaveras	17,191,136	9,209,151	1,293,353	149,695	5,850,265	1,915,838	7,374,713	3,327,264	2,309	1,022,762	3,022,379
Colusa	10,896,293	3,901,824	590,797	76,260	2,465,050	769,716	5,881,948	1,904,754	226	889,096	3,087,872
Contra Costa	290,131,335	146,115,611	24,876,263	3,400,866	98,073,057	19,765,425	121,307,832	59,535,705	171,639	27,217,289	34,383,199
Del Norte	22,753,868	14,936,122	1,002,803	208,124	10,458,314	3,266,881	6,465,725	1,978,508	41,918	675,052	3,770,247
El Dorado	43,769,379	18,849,075	1,929,191	317,299	12,428,498	4,174,087	22,589,245	11,526,161	87,005	3,179,488	7,796,591
Fresno	429,411,544	234,224,011	36,684,923	5,340,058	155,902,567	36,296,463	161,910,177	65,229,787	648,534	35,934,146	60,097,709
Glenn	17,472,664	9,413,200	1,092,817	146,565	6,045,795	2,128,023	7,118,576	2,122,496	1,023	750,309	4,244,748
Humboldt	92,819,077	55,835,054	4,581,205	1,362,550	40,519,330	9,371,969	32,363,862	11,032,223	77,827	5,465,670	15,788,142
Imperial	119,021,040	69,434,828	18,349,508	1,044,767	32,925,544	17,115,009	44,257,056	11,105,578	98,870	4,934,309	28,118,299
Inyo	10,742,291	3,556,338	491,828	33,666	2,370,463	660,380	6,456,417	3,097,932	6,480	685,846	2,666,158
Kern	309,866,846	163,921,139	19,872,657	4,661,745	117,389,420	21,997,316	127,257,586	55,883,863	260,167	24,417,077	46,696,480
Kings	76,401,502	38,936,629	4,617,222	735,254	21,658,941	11,925,212	32,352,412	9,262,593	103,011	3,723,357	19,263,451
Lake	56,437,727	37,846,847	3,941,488	586,739	26,291,451	7,027,169	17,087,629	6,264,339	88,644	2,888,584	7,846,062
Lassen	16,380,895	9,319,693	696,538	74,245	6,158,673	2,390,238	6,595,999	3,151,913	89,616	733,345	2,621,125
Los Angeles	5,401,698,651	2,973,662,400	784,243,776	72,909,932	1,838,536,228	277,972,464	1,808,819,255	728,391,509	8,535,943	550,900,219	520,991,585
Madera	83,805,978	41,153,109	4,835,528	986,053	23,879,588	11,451,940	36,322,336	10,106,695	107,520	5,063,100	21,045,021
Marin	63,695,534	29,364,559	3,597,283	718,272	22,753,888	2,295,117	29,248,627	14,862,222	319,337	7,294,154	6,772,914
Mariposa	8,376,873	3,548,306	481,630	122,497	2,086,086	858,093	4,513,749	2,557,028	528	417,028	1,539,166
Mendocino	70,322,262	39,755,400	3,551,323	662,046	27,167,049	8,374,982	27,010,755	7,981,888	93,501	4,217,312	14,718,053
Merced	140,706,176	75,805,852	9,743,294	1,604,930	43,132,283	21,325,345	56,490,144	16,337,766	331,501	7,247,070	32,573,807
Modoc	10,058,878	4,307,451	470,384	9,615	2,893,026	934,426	5,440,224	3,737,031	64,880	345,682	1,292,631
Mono	3,403,708	807,959	34,527	1,606	471,423	300,403	1,504,089	140,529	0	503,469	860,091
Monterey	59,743,414	17,496,278	1,140,216	223,811	10,893,822	5,238,428	21,262,707	678,615	1,676	1,347,084	19,235,332
Napa	10,989,195	3,707,730	319,770	119,284	3,044,596	224,080	5,378,711	2,796,152	35,107	671,087	1,876,365
Nevada	33,180,125	13,501,333	1,491,998	397,390	9,845,730	1,766,214	17,684,243	9,741,277	173,576	3,053,870	4,715,520
Orange	424,899,958	143,921,424	12,523,337	3,535,861	107,668,289	20,193,937	178,847,154	7,690,473	318,428	92,062,757	78,775,497

Table 20 (Continued)
MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2002
(FFS ONLY)

COUNTY OF BENEFICIARY	TOTAL	PUBLIC ASSISTANCE					MEDICALLY NEEDY				
		Total	Aged	Blind	Disabled	Families	Total	Aged	Blind	Disabled	Families
Placer	74,074,193	33,014,778	3,210,511	607,648	24,014,049	5,182,570	37,256,393	21,027,890	132,757	8,530,409	7,565,336
Plumas	14,404,958	5,657,708	586,053	89,053	4,122,859	859,744	8,303,579	5,155,492	57,009	452,292	2,638,787
Riverside	567,105,263	289,657,809	38,959,900	8,121,859	212,703,834	29,872,217	216,238,534	89,635,372	508,946	56,433,512	69,660,703
Sacramento	448,880,088	271,605,792	37,627,644	6,213,945	199,822,781	27,941,421	151,374,563	78,108,682	212,890	47,479,571	25,573,420
San Benito	19,605,297	6,037,807	1,076,993	57,700	3,320,860	1,582,254	10,751,114	4,918,103	11,238	1,085,449	4,736,324
San Bernardino	775,413,053	436,319,187	49,377,567	12,625,680	312,449,291	61,866,648	275,243,970	102,911,903	689,465	71,285,151	100,357,451
San Diego	995,932,716	552,598,749	106,658,658	13,977,399	393,901,424	38,061,268	362,884,875	160,173,506	433,004	115,352,089	86,926,276
San Francisco	505,306,390	303,441,061	90,865,495	7,059,584	193,520,049	11,995,933	177,079,068	94,073,836	741,587	64,476,201	17,787,444
San Joaquin	277,148,466	150,501,143	19,778,766	4,457,364	110,857,186	15,407,827	111,285,373	54,836,900	175,332	27,753,086	28,520,056
San Luis Obispo	88,048,490	40,347,415	4,160,308	802,746	29,433,346	5,951,016	41,816,599	18,396,992	76,824	10,404,683	12,938,100
San Mateo	111,208,569	28,883,800	10,968,320	555,316	15,517,606	1,842,558	62,845,237	38,102,006	371,006	12,430,621	11,941,605
Santa Barbara	38,240,841	10,521,662	1,683,712	179,434	5,783,120	2,875,396	15,674,627	1,365,156	16,834	1,815,765	12,476,872
Santa Clara	574,131,331	242,002,164	73,488,201	6,009,752	145,536,155	16,968,056	286,196,241	108,331,327	2,186,247	123,944,547	51,734,120
Santa Cruz	36,861,870	14,909,920	1,203,630	318,672	11,300,405	2,087,212	11,627,297	721,040	36,453	2,258,121	8,611,683
Shasta	153,010,952	90,003,023	7,035,222	1,120,804	65,634,892	16,212,105	57,478,956	22,069,165	105,299	11,877,304	23,427,187
Sierra	3,030,860	1,009,868	165,857	27,005	612,283	204,724	1,955,159	1,512,275	0	182,856	260,027
Siskiyou	33,863,966	20,983,348	2,007,415	164,512	14,930,522	3,880,899	11,848,352	5,214,874	1,281	1,494,460	5,137,736
Solano	16,738,337	6,251,240	762,622	70,858	3,970,052	1,447,707	5,868,029	534,479	894	784,724	4,547,932
Sonoma	297,381,070	105,277,643	6,759,077	1,789,779	88,641,358	8,087,429	175,958,199	30,790,939	242,848	123,546,582	21,377,830
Stanislaus	244,226,716	126,116,380	17,643,263	2,259,534	88,002,826	18,210,758	103,985,139	45,237,607	194,966	15,231,105	43,321,461
Sutter	57,285,437	28,076,660	4,057,748	459,263	18,675,147	4,884,503	25,803,162	8,707,751	22,621	2,692,755	14,380,036
Tehama	42,863,241	24,735,806	2,334,247	378,601	16,555,452	5,467,505	16,005,573	6,305,971	43,005	1,700,629	7,955,968
Trinity	10,206,324	5,767,363	656,729	57,087	4,053,226	1,000,321	4,021,833	2,095,518	0	416,508	1,509,808
Tulare	311,343,529	130,511,586	15,485,670	3,091,365	89,422,537	22,512,014	161,046,478	37,437,799	389,888	86,099,736	37,119,055
Tuolumne	30,826,277	13,810,336	1,223,576	161,929	9,467,672	2,957,159	15,413,869	9,231,511	1,030	2,364,486	3,816,842
Ventura	261,559,008	108,225,890	17,702,418	2,068,085	68,414,966	20,040,420	130,315,079	46,651,864	366,901	25,861,793	57,434,522
Yolo	13,825,146	7,284,220	653,248	102,717	4,464,345	2,063,909	4,435,225	700,593	2,625	655,929	3,076,078
Yuba	51,463,190	33,447,310	2,398,878	445,048	21,864,153	8,739,230	15,524,139	4,774,461	42,433	1,815,140	8,892,106
Not Reported	81,594,990	0	0	0	0	0	0	0	0	0	0

Table 20 (Continued)

MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2002

(FFS ONLY)

COUNTY OF BENEFICIARY	MEDICALLY INDIGENT			MI/MN ALIEN WITHOUT SIS	REFUGEE/ ENTRANT	100 PERCENT POVERTY	133 PERCENT POVERTY	INCOME DISREGARD		
	Total	Adults	Children					Total	Infant	Pregnant Woman
STATEWIDE	\$202,472,163	\$58,662,873	\$143,809,290	\$430,583,458	\$5,605,814	\$43,927,237	\$35,940,324	\$450,457,157	\$74,559,921	\$375,897,236
Alameda	7,178,261	3,015,129	4,163,133	8,445,004	235,795	573,160	1,103,464	13,496,872	2,208,081	11,288,791
Alpine	684	0	684	5,725	0	169	0	1,956	1,809	146
Amador	157,776	21,600	136,176	30,557	0	26,861	24,695	239,545	22,624	216,920
Butte	1,976,093	119,551	1,856,541	725,238	39,243	456,385	322,648	1,826,309	336,625	1,489,684
Calaveras	183,553	28,792	154,761	30,308	0	32,420	31,775	230,132	25,701	204,431
Colusa	105,159	24,120	81,038	163,487	0	65,929	49,296	546,856	144,955	401,901
Contra Costa	3,244,743	803,326	2,441,417	3,759,591	72,158	508,648	861,275	11,106,453	1,854,099	9,252,354
Del Norte	796,178	61,393	734,785	95,628	0	64,678	42,840	272,879	16,637	256,242
El Dorado	566,898	152,621	414,276	294,485	870	160,364	46,905	928,323	93,754	834,568
Fresno	4,996,374	1,526,800	3,469,575	5,383,948	38,367	1,137,894	928,420	14,170,143	3,282,610	10,887,533
Glenn	287,316	45,507	241,809	138,395	0	45,547	48,919	313,907	49,925	263,982
Humboldt	2,035,085	220,192	1,814,892	74,563	697	276,799	139,865	1,400,514	273,784	1,126,730
Imperial	1,216,533	515,006	701,527	596,445	0	307,723	329,722	1,969,922	384,036	1,585,886
Inyo	158,573	90,145	68,427	61,555	0	11,164	34,717	443,987	33,124	410,863
Kern	3,554,282	1,285,053	2,269,228	4,127,709	9,738	634,525	593,697	7,040,314	1,382,819	5,657,495
Kings	1,181,307	329,329	851,978	564,807	0	228,528	276,788	1,970,194	458,874	1,511,320
Lake	633,677	114,802	518,875	181,712	0	32,125	24,952	516,794	103,428	413,367
Lassen	165,343	18,221	147,122	20,659	0	25,366	14,234	145,921	16,055	129,866
Los Angeles	74,145,519	18,643,296	55,502,223	286,173,662	3,039,002	17,573,104	12,237,007	132,362,954	25,029,710	107,333,244
Madera	1,207,061	207,473	999,588	1,805,173	944	442,439	438,632	1,823,871	667,990	1,155,881
Marin	504,600	175,553	329,047	1,881,358	9,173	46,090	121,973	2,021,640	415,646	1,605,994
Mariposa	83,924	20,194	63,730	9,660	0	17,851	13,959	184,011	86,799	97,212
Mendocino	979,891	125,589	854,302	314,838	17	338,455	200,209	1,483,507	169,828	1,313,680
Merced	1,289,013	325,921	963,092	1,840,394	205	516,156	578,510	3,512,993	592,371	2,920,622
Modoc	185,926	124,087	61,838	14,412	0	17,326	8,413	66,148	42,873	23,275
Mono	145,203	41,194	104,009	141,598	0	5,911	19,057	736,724	157,060	579,664
Monterey	713,131	58,401	654,729	7,012,695	2,936	697,773	442,861	8,908,591	1,220,909	7,687,682
Napa	126,785	20,926	105,859	6,124	450	14,642	13,734	1,383,909	7,142	1,376,767
Nevada	536,540	93,630	442,910	81,806	15	317,571	69,929	895,157	175,109	720,048
Orange	8,900,371	3,353,785	5,546,586	20,153,997	148,347	3,365,306	1,958,428	43,049,870	4,830,567	38,219,302

Table 20 (Continued)

MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2002

(FFS ONLY)

COUNTY OF BENEFICIARY	MEDICALLY INDIGENT			MI/MN ALIEN WITHOUT SIS	REFUGEE/ ENTRANT	100 PERCENT POVERTY	133 PERCENT POVERTY	INCOME DISREGARD		
	Total	Adults	Children					Total	Infant	Pregnant Woman
Placer	1,099,376	224,560	874,816	341,174	13,036	81,844	112,335	1,865,260	201,350	1,663,910
Plumas	159,983	37,515	122,468	12,309	0	36,103	27,397	175,819	26,076	149,742
Riverside	11,222,728	3,875,993	7,346,735	9,989,015	11,821	2,586,717	1,970,909	25,145,593	3,377,352	21,768,241
Sacramento	6,917,257	2,839,125	4,078,132	4,815,868	675,687	660,767	469,358	10,117,432	1,946,260	8,171,172
San Benito	420,022	164,791	255,231	695,016	0	53,478	58,933	1,108,716	188,361	920,354
San Bernardino	11,124,687	3,902,789	7,221,898	12,397,695	63,729	2,937,297	1,824,492	22,951,178	4,479,051	18,472,127
San Diego	16,491,153	5,809,641	10,681,513	11,010,848	364,509	2,861,305	2,876,874	33,713,971	5,648,252	28,065,718
San Francisco	3,575,157	1,344,225	2,230,932	4,295,267	207,406	952,871	996,930	11,950,862	2,200,689	9,750,174
San Joaquin	2,571,211	574,490	1,996,720	3,710,195	35,917	519,340	457,990	5,539,580	731,467	4,808,113
San Luis Obispo	1,628,327	460,777	1,167,550	582,866	0	192,923	216,439	2,627,567	852,747	1,774,820
San Mateo	1,033,013	414,089	618,924	5,689,837	16,163	202,963	514,290	9,515,008	461,022	9,053,986
Santa Barbara	625,457	47,148	578,310	2,963,850	10	130,879	171,779	6,876,806	122,509	6,754,297
Santa Clara	6,900,055	2,241,222	4,658,833	14,217,436	383,446	768,478	1,272,273	18,276,173	2,992,135	15,284,038
Santa Cruz	742,230	32,228	710,003	1,957,319	(10)	174,901	139,793	5,757,892	763,420	4,994,472
Shasta	2,523,758	340,719	2,183,038	157,428	6,283	350,052	154,667	1,777,812	355,458	1,422,354
Sierra	4,397	0	4,397	0	0	13,382	1,602	37,803	1,745	36,057
Siskiyou	422,346	154,226	268,121	47,907	6,436	68,512	40,582	294,847	36,795	258,052
Solano	122,341	26,098	96,244	50,414	0	110,342	56,469	3,019,099	4,510	3,014,590
Sonoma	3,334,360	777,030	2,557,330	2,510,623	1,969	395,550	504,837	7,974,697	1,643,708	6,330,989
Stanislaus	2,986,778	825,543	2,161,235	2,852,737	101,002	614,161	660,842	5,695,069	655,852	5,039,217
Sutter	517,667	50,719	466,949	638,148	60,656	210,511	160,788	1,591,800	358,037	1,233,763
Tehama	803,392	38,627	764,765	144,995	0	170,125	92,038	625,327	50,402	574,925
Trinity	132,940	51,557	81,383	274	0	13,636	27,148	110,801	6,001	104,800
Tulare	4,692,405	1,739,624	2,952,781	3,471,521	13	741,362	682,328	6,936,912	859,300	6,077,612
Tuolumne	596,604	136,104	460,499	127,306	0	102,495	47,696	541,137	75,129	466,008
Ventura	3,571,479	732,625	2,838,854	3,541,370	7,415	856,335	1,238,822	10,736,438	2,223,974	8,512,464
Yolo	199,535	6,272	193,264	10,978	52,021	42,285	23,306	1,384,542	5,934	1,378,608
Yuba	797,708	253,500	544,208	215,529	348	137,712	162,485	1,058,620	207,439	851,181
Not Reported	0	0	0	0	0	0	0	0	0	0

Table 20 (Continued)
MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2002

(FFS ONLY)

COUNTY OF BENEFICIARY	60-DAY POSTPARTUM	SPECIAL TREATMENT	QUALIFIED MEDICARE BENEFICIARY	PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	MEDI-CAL TUBERCULOSIS PROGRAM	MINOR CONSENT	BCCTP	NOT REPORTED
STATEWIDE	\$8,316,173	\$455,286	\$9,426,499	\$129,526,962	\$586,212	\$44,077,888	\$20,918,131	\$81,594,990
Alameda	8,735	112,927	40,789	3,364,245	75,547	1,901,530	655,352	0
Alpine	0	0	4	306	0	0	0	0
Amador	61	0	151	11,927	0	17,103	5,048	0
Butte	2,086	(39)	7,219	148,930	6,262	202,799	110,505	0
Calaveras	1,326	4,685	3,081	200	0	43,984	45,807	0
Colusa	652	0	142,303	13,914	0	12,828	12,098	0
Contra Costa	107,909	19,622	9,217	1,600,592	1,602	1,050,067	366,016	0
Del Norte	218	0	894	25	0	38,045	40,635	0
El Dorado	14,655	0	1,260	19,627	1,126	295,177	1,370	0
Fresno	39,082	166	9,379	4,071,597	11,300	1,994,031	496,654	0
Glenn	107	0	1,174	57,812	0	37,340	10,372	0
Humboldt	6,392	1,123	8,549	283,029	2,126	230,633	160,788	0
Imperial	126	10,586	14,897	593,221	0	203,169	86,809	0
Inyo	144	0	3,839	1,232	0	7,710	6,615	0
Kern	21,714	1,811	29,909	1,136,184	0	1,189,630	348,608	0
Kings	37,584	0	160	501,051	0	309,384	42,657	0
Lake	1,313	0	1,051	5,525	0	60,601	45,502	0
Lassen	713	0	1,176	24,042	0	48,209	19,541	0
Los Angeles	7,503,024	9,650	714,671	65,939,499	25,010	9,713,919	9,779,845	0
Madera	9,123	0	13,502	400,287	0	112,870	76,632	0
Marin	8,262	26,460	168	353,190	0	57,508	51,926	0
Mariposa	3	0	63	331	0	2,511	2,505	0
Mendocino	5,075	0	3,637	47,530	96	170,337	12,513	0
Merced	2,975	0	7,010	144,580	4,387	320,045	193,911	0
Modoc	49	0	3,431	10,222	0	4,949	312	0
Mono	19,571	0	0	21,300	0	0	2,295	0
Monterey	24,036	2,250	120,123	1,379,759	3,753	1,671,751	4,769	0
Napa	2,667	67	35,581	203,825	0	114,969	0	0
Nevada	735	0	6,166	11,299	1,820	70,606	2,907	0
Orange	17,566	0	7,267,108	13,762,052	6,839	3,448,419	53,078	0

Table 20 (Continued)
MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2002
(FFS ONLY)

COUNTY OF BENEFICIARY	60-DAY POSTPARTUM	SPECIAL TREATMENT	QUALIFIED MEDICARE BENEFICIARY	PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	MEDI-CAL TUBERCULOSIS PROGRAM	MINOR CONSENT	BCCTP	NOT REPORTED
Placer	2,004	0	2,637	43,984	0	150,319	91,054	0
Plumas	1,603	0	66	21,780	0	5,429	3,181	0
Riverside	53,316	10,172	12,166	6,717,826	59	2,257,293	1,231,305	0
Sacramento	5,484	19,160	6,142	899,837	3,164	892,603	416,972	0
San Benito	1,593	0	1,975	304,495	0	139,719	32,429	0
San Bernardino	14,580	151,354	26,186	8,042,404	1,495	3,357,894	956,905	0
San Diego	196,194	17,851	69,953	7,760,843	1,831	2,959,671	2,123,970	0
San Francisco	35,690	0	4,114	1,277,037	120,658	882,830	487,439	0
San Joaquin	47,026	5,313	15,679	1,289,072	17,466	911,011	242,149	0
San Luis Obispo	7,697	84	1,742	256,667	30	243,552	126,581	0
San Mateo	2,548	21,489	418,833	909,949	7,419	1,042,897	105,123	0
Santa Barbara	18,204	15	123,896	454,472	0	667,860	11,324	0
Santa Clara	9,874	7,704	4,374	2,355,377	225,463	1,143,044	369,230	0
Santa Cruz	26,254	10	49,041	186,521	1,102	1,286,424	3,176	0
Shasta	4,131	0	5,287	114,635	375	282,503	152,043	0
Sierra	0	0	0	1,184	1,709	5,753	0	0
Siskiyou	9,878	0	8,475	8,924	0	23,817	100,543	0
Solano	1,584	0	142,493	735,945	20,175	360,205	0	0
Sonoma	17,540	8,921	2,590	883,770	13	381,714	128,645	0
Stanislaus	3,884	0	4,200	146,944	5,257	856,640	197,682	0
Sutter	3,662	0	18,496	50,760	0	115,167	37,959	0
Tehama	2,045	0	107	93,612	19,596	158,051	12,575	0
Trinity	468	0	0	2,531	0	4,731	124,598	0
Tulare	2,537	23,028	930	1,609,869	14,177	1,192,906	352,979	0
Tuolumne	125	0	1,334	24,497	0	71,162	57,142	0
Ventura	11,903	0	15,833	963,576	4,228	1,165,022	905,227	0
Yolo	22	875	41,796	231,248	2,126	115,644	1,324	0
Yuba	422	0	1,642	31,871	0	73,900	11,502	0
Not Reported	0	0	0	0	0	0	0	81,594,990

Note: FFS = Fee-For-Service.

Payments are rounded independently and may not add to totals. Figures in parentheses () indicate negative numbers.

This table reflects only FFS provider payments. Therefore, data are limited for counties with Medi-Cal Managed Care populations.

The Dialysis and Total Parenteral Nutrition programs have merged and are now called Special Treatment.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures Month of Payment Calendar Year Report.

TABLE 21

MEDI-CAL PROGRAM
AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY AND SELECTED TYPES OF PROVIDERS
CALENDAR YEAR 2002
(FFS ONLY)

COUNTY OF BENEFICIARY	TOTAL	PHYSICIANS	PHARMACIES	DENTISTS	OPTOMETRISTS	COUNTY HOSPITAL		COMMUNITY HOSPITAL		STATE HOSPITALS	LONG- TERM CARE/1/
						Inpatient	Outpatient	Inpatient	Outpatient		
STATEWIDE	1,976,379	552,145	1,009,937	325,342	37,739	8,095	40,407	39,711	205,135	3,388	72,078
Alameda	65,950	15,926	37,288	10,352	1,282	323	2,702	1,228	5,903	2	3,354
Alpine	85	28	21	4	2	0	1	3	20	0	1
Amador	1,761	501	1,141	128	57	1	5	31	416	0	98
Butte	24,558	6,378	16,451	1,825	753	1	12	471	7,680	2	785
Calaveras	2,782	770	1,816	253	79	3	32	47	523	0	99
Colusa	2,194	529	1,292	114	49	0	1	41	520	1	52
Contra Costa	32,311	5,919	16,147	4,600	424	247	100	509	2,639	1	1,769
Del Norte	3,903	753	2,599	126	140	0	3	71	803	0	55
El Dorado	6,713	2,542	4,150	818	176	0	5	153	1,526	1	284
Fresno	77,151	18,464	32,986	13,756	1,091	6	42	1,374	9,627	3	2,376
Glenn	3,017	696	1,885	117	80	0	1	58	598	0	62
Humboldt	14,262	3,977	8,990	871	412	1	10	279	2,907	0	333
Imperial	23,058	8,436	13,816	1,918	836	3	15	461	3,312	0	261
Inyo	1,435	340	842	50	35	1	4	31	292	0	67
Kern	51,368	11,398	23,337	9,459	843	413	3,080	682	3,193	1	1,606
Kings	14,471	3,693	8,401	1,092	428	0	10	288	2,244	2	290
Lake	8,549	2,362	5,717	368	283	1	9	161	2,059	0	204
Lassen	2,618	475	1,636	113	83	0	1	49	542	0	89
Los Angeles	685,632	210,611	342,905	124,212	11,490	3,668	5,996	14,857	55,100	724	26,201
Madera	16,271	5,915	10,130	1,958	276	2	12	294	2,286	1	343
Marin	6,899	1,805	4,240	709	68	2	15	154	1,020	0	454
Mariposa	1,267	278	795	102	26	2	17	20	223	0	43
Mendocino	10,406	1,948	5,904	415	216	1	8	207	2,440	0	262
Merced	29,514	10,101	17,733	3,106	642	18	166	506	3,679	2	538
Modoc	1,139	224	696	19	58	0	0	18	256	1	71
Mono	483	89	183	7	8	0	1	16	92	0	2
Monterey	13,995	1,851	2,232	3,100	2	208	948	139	694	1	3
Napa	1,746	345	558	462	5	0	1	39	93	2	47
Nevada	4,243	1,574	2,692	362	87	0	2	96	940	1	270
Orange	67,202	18,857	16,194	20,895	92	9	22	1,934	5,785	780	321

TABLE 21 (Continued)

MEDI-CAL PROGRAM
AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY AND SELECTED TYPES OF PROVIDERS
CALENDAR YEAR 2002
(FFS ONLY)

COUNTY OF BENEFICIARY	TOTAL	PHYSICIANS	PHARMACIES	DENTISTS	OPTOMETRISTS	COUNTY HOSPITAL		COMMUNITY HOSPITAL		STATE HOSPITALS	LONG- TERM CARE/1/
						Inpatient	Outpatient	Inpatient	Outpatient		
Placer	9,504	3,533	6,112	1,074	259	1	7	173	1,292	2	660
Plumas	1,654	269	1,074	25	83	0	1	32	389	0	95
Riverside	75,096	25,284	39,903	14,257	1,677	399	2,631	1,830	7,231	5	2,996
Sacramento	60,404	20,261	37,707	4,816	1,441	11	75	1,274	6,941	5	2,561
San Benito	3,026	974	1,768	247	53	4	38	73	631	0	71
San Bernardino	103,931	34,733	53,301	20,491	2,596	500	3,905	2,315	10,712	8	3,770
San Diego	124,814	36,258	67,573	20,559	2,343	7	41	3,062	13,712	4	5,496
San Francisco	56,206	11,558	36,153	7,005	1,202	439	2,959	645	7,092	2	2,495
San Joaquin	38,735	10,436	20,936	6,544	784	324	2,101	532	3,966	3	1,905
San Luis Obispo	13,821	4,215	8,494	1,183	448	57	1,713	181	2,084	1	622
San Mateo	9,174	1,067	685	2,554	4	14	154	221	641	3	1,336
Santa Barbara	9,306	1,052	697	3,062	17	1	10	219	317	1	26
Santa Clara	63,453	11,586	33,919	10,883	1,197	680	4,254	740	3,691	437	3,167
Santa Cruz	5,928	798	1,485	1,547	5	2	6	144	547	1	10
Shasta	20,365	6,085	13,716	1,841	664	1	18	366	3,393	2	679
Sierra	243	41	152	5	8	0	0	5	40	0	34
Siskiyou	5,388	1,255	3,423	506	166	0	4	95	1,237	1	131
Solano	5,103	384	442	2,497	3	0	4	77	392	3	3
Sonoma	21,207	5,205	12,169	1,754	428	2	15	442	4,705	841	1,002
Stanislaus	42,533	12,742	24,820	5,843	1,271	10	112	786	4,157	1	1,285
Sutter	8,707	2,438	5,426	942	225	0	4	192	1,441	1	229
Tehama	7,100	2,082	4,669	600	219	0	3	128	1,396	0	179
Trinity	1,381	422	928	124	41	11	235	18	101	0	34
Tulare	45,999	6,951	16,298	5,521	735	7	39	733	3,715	514	1,207
Tuolumne	4,174	1,101	2,731	358	117	24	594	49	927	3	183
Ventura	44,952	11,739	25,953	4,806	1,438	347	8,252	570	5,135	5	1,415
Yolo	4,175	292	830	1,667	23	0	1	47	283	4	19
Yuba	9,164	2,492	5,721	790	272	1	4	196	1,492	1	132
Not Reported	5,858	111	74	2,534	1	344	9	355	64	17	1

/1/ Nursing Facilities and Intermediate Care Facilities - Developmentally Disabled combined.

This table reflects only FFS provider payments; therefore, data are limited for counties with Medi-Cal Managed Care populations.

Note: FFS = Fee-For-Service.

Averages are rounded independently and may not add to totals.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures Month of Payment Calendar Year Report.

TABLE 22

MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY AND SELECTED TYPES OF PROVIDERS
CALENDAR YEAR 2002
(FFS ONLY)

COUNTY OF BENEFICIARY	TOTAL	PHYSICIANS	PHARMACIES	DENTISTS	OPTOMETRISTS	COUNTY HOSPITAL		COMMUNITY HOSPITAL		STATE HOSPITALS	LONG-TERM CARE/1/
						Inpatient	Outpatient	Inpatient	Outpatient		
STATEWIDE	\$14,691,499,165	\$998,818,676	\$3,756,392,224	\$757,291,942	\$28,957,732	\$650,517,264	\$70,686,612	\$2,439,348,846	\$353,122,400	\$558,981,739	\$3,069,576,274
Alameda	560,077,565	26,671,713	141,982,410	21,636,113	994,501	29,185,522	6,918,344	93,692,496	9,837,938	197,274	156,977,733
Alpine	495,613	42,619	58,716	9,107	1,869	0	712	183,655	26,971	0	31,453
Amador	12,154,112	670,917	3,459,872	326,416	38,435	22,967	8,649	1,770,273	674,183	0	3,846,819
Butte	159,014,955	8,054,970	55,501,750	4,159,454	548,168	28,674	19,803	27,973,072	10,544,276	493,176	29,139,030
Calaveras	17,191,136	1,140,541	5,464,549	547,868	54,794	143,180	47,041	2,941,570	787,559	0	3,432,952
Colusa	10,896,293	774,786	3,169,005	260,012	32,934	65,318	1,515	2,226,424	754,587	141,577	1,852,171
Contra Costa	290,131,335	10,545,493	55,878,857	9,556,549	311,190	13,481,225	216,841	47,313,341	4,664,504	170,702	75,854,023
Del Norte	22,753,868	899,525	8,719,790	324,502	99,735	24,217	3,406	4,893,041	1,696,307	0	1,935,332
El Dorado	43,769,379	3,502,506	12,051,715	1,852,552	131,770	17,856	8,690	9,468,870	2,191,893	76,588	11,175,113
Fresno	429,411,544	30,743,841	110,054,704	30,878,511	754,361	354,867	60,770	85,909,708	17,198,163	479,481	97,039,840
Glenn	17,472,664	1,040,328	6,008,816	306,064	62,239	22,400	936	3,409,265	859,604	0	2,246,724
Humboldt	92,819,077	6,079,778	31,996,370	1,447,137	310,035	65,923	15,019	19,218,685	4,458,785	57,839	13,093,904
Imperial	119,021,040	12,109,604	41,954,308	4,763,859	597,950	321,527	18,095	25,061,927	5,211,861	0	11,391,737
Inyo	10,742,291	477,150	2,444,561	96,809	25,029	67,746	5,536	2,364,444	449,831	0	3,003,012
Kern	309,866,846	20,020,351	84,258,259	20,598,459	614,905	23,054,678	4,792,642	40,995,763	5,059,835	57,824	70,785,130
Kings	76,401,502	5,368,851	20,852,012	2,447,704	355,376	27,888	16,048	17,790,178	3,307,892	359,142	11,392,462
Lake	56,437,727	3,139,830	18,373,376	833,605	201,590	273,486	16,703	13,266,762	3,113,249	43,557	7,024,009
Lassen	16,380,895	593,545	4,658,929	266,926	62,341	2,185	1,451	3,141,150	954,325	0	3,921,453
Los Angeles	5,401,698,651	416,893,481	1,408,977,829	310,901,318	8,841,111	332,910,844	9,392,034	872,534,143	104,549,745	114,453,778	1,044,804,583
Madera	83,805,978	8,138,572	23,988,187	4,265,546	180,670	240,915	17,858	17,434,257	3,399,223	143,703	13,771,693
Marin	63,695,534	2,646,402	20,150,741	1,147,429	52,787	70,050	25,289	10,155,223	1,688,641	22,860	20,259,912
Mariposa	8,376,873	435,363	2,416,595	257,551	16,978	68,337	24,099	850,985	362,800	0	2,435,832
Mendocino	70,322,262	3,193,026	18,692,985	699,913	168,810	125,406	11,903	16,698,434	4,283,490	26,032	9,885,299
Merced	140,706,176	13,011,649	42,751,014	7,505,172	491,259	899,432	339,675	27,339,381	5,371,928	345,915	20,379,429
Modoc	10,058,878	357,029	2,006,822	61,472	33,527	0	204	1,238,484	416,784	294,264	4,206,535
Mono	3,403,708	170,820	668,592	16,045	5,967	22,705	2,057	1,536,911	125,466	0	102,632
Monterey	59,743,414	5,053,004	8,139,844	6,616,685	1,242	9,267,787	946,652	13,924,718	1,160,221	200,756	155,117
Napa	10,989,195	730,475	2,228,118	691,843	3,566	16,205	1,229	2,407,273	105,704	619,367	3,186,040
Nevada	33,180,125	2,019,130	10,541,319	652,634	63,332	106,385	3,352	4,908,845	1,489,164	91,451	10,276,485
Orange	424,899,958	48,860,330	53,105,858	49,805,444	70,364	639,335	32,380	93,223,949	8,834,634	112,096,454	10,065,575

TABLE 22 (Continued)

MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY AND SELECTED TYPES OF PROVIDERS
CALENDAR YEAR 2002
(FFS ONLY)

COUNTY OF BENEFICIARY	TOTAL	PHYSICIANS	PHARMACIES	DENTISTS	OPTOMETRISTS	COUNTY HOSPITAL		COMMUNITY HOSPITAL		STATE HOSPITALS	LONG- TERM CARE/1/
						Inpatient	Outpatient	Inpatient	Outpatient		
Placer	74,074,193	4,864,224	20,696,688	2,159,351	192,511	188,020	12,673	10,944,176	1,936,996	172,771	24,564,292
Plumas	14,404,958	352,573	3,604,199	65,325	69,725	0	967	1,931,944	637,305	0	5,269,581
Riverside	567,105,263	49,957,929	148,079,008	33,910,126	1,290,027	23,575,520	4,293,156	100,895,077	13,279,191	907,743	128,200,445
Sacramento	448,880,088	33,737,800	138,995,785	10,719,885	1,211,828	770,787	126,900	91,635,981	11,986,381	1,112,237	104,481,071
San Benito	19,605,297	1,505,829	3,974,613	534,887	44,438	909,812	52,799	4,180,018	700,399	0	4,908,673
San Bernardino	775,413,053	65,448,868	183,693,101	48,876,863	2,050,657	43,777,573	5,773,333	152,616,700	19,593,496	1,429,578	172,944,156
San Diego	995,932,716	65,506,066	302,312,156	46,885,552	1,894,547	445,918	53,642	181,214,635	27,063,292	450,690	237,424,753
San Francisco	505,306,390	16,532,893	155,317,255	13,982,200	1,033,194	31,297,555	5,001,284	41,399,088	12,142,427	428,672	164,724,895
San Joaquin	277,148,466	16,942,168	71,042,369	14,635,183	577,406	21,942,659	3,869,271	33,840,963	5,474,667	580,213	79,626,666
San Luis Obispo	88,048,490	5,846,720	29,755,779	2,081,348	311,708	2,071,779	2,360,033	9,256,135	2,749,502	134,971	23,672,247
San Mateo	111,208,569	3,254,494	936,937	5,154,011	2,707	1,444,957	233,977	12,319,712	937,402	735,245	64,962,930
Santa Barbara	38,240,841	3,392,217	904,127	5,939,037	13,650	103,649	12,352	10,640,174	362,501	36,099	1,369,972
Santa Clara	574,131,331	15,402,280	114,814,388	23,948,015	933,966	57,799,224	10,577,805	43,265,007	6,343,224	93,812,962	145,402,502
Santa Cruz	36,861,870	2,479,889	7,453,872	2,962,537	3,379	249,868	18,222	12,983,860	919,860	96,896	489,518
Shasta	153,010,952	9,190,338	47,814,344	4,417,564	523,409	63,119	27,365	35,475,319	5,976,978	313,155	28,016,057
Sierra	3,030,860	69,769	476,753	10,296	6,713	0	206	193,049	67,464	56,519	1,748,162
Siskiyou	33,863,966	1,815,035	10,139,139	987,156	125,772	4,056	7,056	7,401,941	2,140,878	183,285	6,257,933
Solano	16,738,337	652,107	1,745,568	4,848,550	2,189	14,656	6,121	4,952,985	864,250	479,249	110,607
Sonoma	297,381,070	8,424,511	40,814,324	3,414,897	329,983	132,499	23,235	37,859,947	6,751,753	139,974,673	39,585,082
Stanislaus	244,226,716	18,811,136	74,132,485	15,032,125	890,173	777,120	163,368	47,078,760	6,630,816	144,784	51,736,677
Sutter	57,285,437	3,807,824	21,091,033	2,068,680	145,852	26,500	6,526	11,978,967	2,337,362	564,408	8,481,882
Tehama	42,863,241	2,838,736	15,466,836	1,330,568	170,468	16,900	6,537	8,134,507	2,251,132	0	5,909,403
Trinity	10,206,324	633,385	3,216,412	252,137	33,230	549,308	333,846	1,613,726	214,881	13,400	2,257,195
Tulare	311,343,529	10,924,106	54,286,658	12,794,448	520,063	557,525	57,461	45,991,631	5,825,004	81,731,502	50,917,183
Tuolumne	30,826,277	1,482,258	8,596,293	760,619	82,779	890,355	683,119	2,822,854	1,325,407	498,971	9,580,359
Ventura	261,559,008	17,166,843	73,965,810	10,936,573	1,171,319	20,515,466	14,012,293	26,585,476	7,637,415	935,623	57,688,939
Yolo	13,825,146	495,188	3,113,820	3,789,661	16,012	32,543	1,466	1,945,080	638,975	698,927	505,372
Yuba	51,463,190	3,629,134	17,730,147	1,751,544	182,816	107,133	6,971	12,175,699	2,499,323	186,234	5,043,655
Not Reported	81,594,990	268,726	1,666,418	110,105	378	30,725,707	15,693	24,142,206	254,558	2,931,191	24,040

/1/ Nursing Facilities and Intermediate Care Facilities - Developmentally Disabled combined.

Note: FFS = Fee-For-Service.

Payments are rounded independently and may not add to totals.

This table reflects only FFS provider payments; therefore, data are limited for counties with Medi-Cal Managed Care populations.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures Month of Payment Calendar Year Report.

TABLE 23A
MEDI-CAL PROGRAM
NUMBER OF INPATIENT HOSPITALS, LONG TERM CARE FACILITIES, AND
PHYSICIANS RECEIVING MEDI-CAL PROGRAM PAYMENTS BY COUNTY OF PROVIDER
CALENDAR YEAR 2002

COUNTY OF PROVIDER	ACUTE INPATIENT HOSPITALS	LONG TERM CARE FACILITIES	PHYSICIANS AND PHYSICIAN GROUPS BY SPECIALTY					
			GENERAL/FAMILY		INTERNAL	OB-GYN	PEDIATRIC	ALL OTHER
TOTAL	PRACTICE	MEDICINE						
STATEWIDE	740	2,296	22,265	1,835	3,134	1,687	1,324	14,285
Alameda	14	109	832	39	155	59	66	513
Alpine	0	0	3	2	0	0	0	1
Amador	1	2	34	8	5	3	2	16
Butte	4	24	212	19	27	17	15	134
Calaveras	1	2	26	10	3	1	1	11
Colusa	1	1	6	2	1	0	0	3
Contra Costa	8	50	379	19	53	33	25	249
Del Norte	1	1	29	6	4	5	1	13
El Dorado	2	4	89	21	6	8	1	53
Fresno	13	87	483	53	74	46	38	272
Glenn	1	2	5	1	1	0	0	3
Humboldt	5	9	131	21	13	11	8	78
Imperial	2	6	82	5	11	10	8	48
Inyo	2	3	24	1	5	2	1	15
Kern	12	55	406	29	56	40	27	254
Kings	3	9	58	12	5	2	2	37
Lake	2	5	42	9	6	1	2	24
Lassen	1	2	13	3	0	1	2	7
Los Angeles	117	697	7,047	496	1,072	550	418	4,511
Madera	2	15	57	7	8	5	4	33
Marin	4	21	207	16	25	15	9	142
Mariposa	1	2	5	3	1	0	0	1
Mendocino	3	11	82	7	9	10	1	55
Merced	5	22	124	14	18	8	8	76
Modoc	2	2	6	4	0	1	0	1
Mono	1	0	13	1	0	0	0	12
Monterey	4	11	173	27	15	18	11	102
Napa	3	8	128	9	20	7	4	88
Nevada	2	8	78	12	14	7	1	44
Orange	35	84	1,971	137	248	185	96	1,305
Placer	2	17	119	9	12	6	7	85
Plumas	4	4	21	9	1	0	0	11
Riverside	17	127	801	81	126	67	55	472
Sacramento	12	55	497	48	56	50	38	305
San Benito	1	2	35	10	5	3	4	13
San Bernardino	21	165	739	100	107	60	65	407
San Diego	26	167	1,572	127	218	118	64	1,045
San Francisco	12	21	759	27	169	39	51	473
San Joaquin	8	57	355	33	40	17	19	246
San Luis Obispo	5	20	164	21	25	7	11	100
San Mateo	7	41	238	4	43	25	10	156
Santa Barbara	8	21	221	11	24	22	26	138
Santa Clara	12	84	802	45	140	60	71	486
Santa Cruz	3	11	142	17	16	8	12	89
Shasta	5	32	199	37	22	10	8	122
Sierra	0	1	0	0	0	0	0	0
Siskiyou	2	4	44	7	7	1	2	27
Solano	6	23	88	11	12	6	4	55
Sonoma	8	42	371	63	35	17	12	244
Stanislaus	5	23	311	31	37	27	19	197
Sutter	1	8	75	8	8	8	11	40
Tehama	1	4	42	7	5	4	0	26
Trinity	1	2	5	2	0	0	0	3
Tulare	5	49	251	39	37	20	21	134
Tuolumne	2	3	37	5	3	3	0	26
Ventura	10	48	504	69	74	43	33	285
Yolo	2	8	19	1	0	1	0	17
Yuba	1	2	21	3	6	0	0	12
Out of State/ Not Reported	301	3	1,088	17	51	20	30	970

Note: This table reflects only fee-for-service payments; therefore, data are limited for counties with Medi-Cal Managed Care populations.
Source: State of California, Department of Health Services, Medi-Cal Fee-For-Service Paid Claims and the
Medi-Cal Provider Master File (HD.RCV1004.EDS.PROVIDER.CODES.D011003)

TABLE 23B

MEDI-CAL PROVIDERS PER 1,000 FFS ELIGIBLES
CALENDAR YEARS 2000, 2001 AND 2002

PROVIDERS	CALENDAR YEAR		
	2000	2001	2002
TOTAL PHYSICIANS	8.8	8.1	7.5
General Practice	1.7	1.5	0.6
OB-GYN	0.6	0.6	0.6
Internal Medicine	1.2	1.1	1.1
Pediatric	0.5	0.5	0.4
All Other	4.8	4.4	4.8
HOSPITALS	0.3	0.3	0.3
ACUPUNCTURISTS	0.3	0.3	0.3
CHIROPRACTORS	0.1	0.2	0.2
DENTISTS	3.4	3.1	2.7
OPTOMETRISTS	0.7	0.7	0.6
ORGANIZED OUTPATIENT CLINICS	0.2	0.1	0.1
PHARMACIES	2.2	1.9	1.8
PODIATRISTS	0.4	0.4	0.3
PSYCHOLOGISTS	N/A	N/A	N/A

NA = Not Applicable - (Psychologist services are carved out).

Source: State of California, Department of Health Services, Medi-Cal Certified CID Eligibles, Calendar Years 2000-2002, Medi-Cal Provider Month of Service Files, April-June 2000-2002, Medi-Cal Program Hospital Expenditures, April-June 2000-2002, Report on Provider Participation in the Medicaid Program, Calendar Years 2000-2002.

State of California, Department of Health Services, MCSS File HCP0212_Benes _by_ Managed_Care_Plan_2002_12, created from the December 2002 Month of Eligibility File using a six-month lag, Medi-Cal Fee-For-Service and Delta Dental paid claims (Calendar Year 2002), and the Medi-Cal Provider Master File (HD.RCV1004.EDS.PROVIDER.CODES, D011003).

TABLE 24
MEDI-CAL PROGRAM
NUMBER OF SELECTED PROVIDERS RECEIVING MEDI-CAL PROGRAM PAYMENTS BY COUNTY OF PROVIDER
CALENDAR YEAR 2002

COUNTY OF PROVIDER	ACUPUNC- TURISTS	CHIRO- PRACTORS	DENTISTS	OPTOM- ETRISTS	ORGANIZED OUTPATIENT CLINICS	PHARMACIES/ PHARMACISTS	PODIATRISTS
STATEWIDE	752	474	7,947	1,745	372	5,462	929
Alameda	60	5	304	76	10	204	44
Alpine	0	0	0	0	0	0	0
Amador	0	2	5	7	0	9	1
Butte	2	5	53	20	4	42	7
Calaveras	0	1	3	3	0	6	1
Colusa	0	0	3	1	1	3	0
Contra Costa	5	5	120	37	13	139	21
Del Norte	0	6	5	3	0	5	1
El Dorado	1	2	23	12	1	21	4
Fresno	4	31	204	47	6	153	19
Glenn	0	2	1	2	0	4	0
Humboldt	3	13	40	15	3	30	8
Imperial	0	0	17	10	3	18	4
Inyo	0	1	1	3	1	4	1
Kern	0	14	86	32	3	106	5
Kings	0	2	14	11	3	15	3
Lake	1	3	7	5	0	15	1
Lassen	0	1	6	3	0	5	2
Los Angeles	389	84	2,862	452	113	1,616	331
Madera	0	7	20	5	2	20	2
Marin	2	3	42	5	8	36	10
Mariposa	0	0	1	0	0	2	0
Mendocino	2	3	20	9	1	19	4
Merced	1	11	34	14	2	29	2
Modoc	0	0	2	1	0	2	0
Mono	0	0	4	1	0	2	0
Monterey	1	0	83	12	6	48	8
Napa	1	0	18	6	3	18	3
Nevada	1	5	21	7	1	17	2
Orange	25	10	784	106	21	512	69
Placer	1	6	59	28	2	55	5
Plumas	1	1	2	4	1	5	0
Riverside	3	21	283	72	7	228	17
Sacramento	22	26	181	75	15	188	32
San Benito	0	0	11	2	1	5	0
San Bernardino	16	23	377	89	10	246	28
San Diego	24	30	529	130	25	401	68
San Francisco	88	8	238	42	12	143	46
San Joaquin	9	17	128	42	5	105	24
San Luis Obispo	3	8	48	27	3	52	12
San Mateo	4	3	131	14	4	90	14
Santa Barbara	1	4	62	16	8	65	8
Santa Clara	65	17	442	72	24	238	38
Santa Cruz	2	0	57	6	4	40	5
Shasta	2	17	40	26	3	40	6
Sierra	0	0	0	0	0	2	0
Siskiyou	0	2	14	4	2	11	1
Solano	1	0	54	16	6	44	9
Sonoma	6	13	79	32	9	66	16
Stanislaus	1	17	103	33	15	77	9
Sutter	0	6	28	5	3	10	0
Tehama	0	2	11	3	0	9	1
Trinity	0	0	4	0	0	5	0
Tulare	1	15	77	29	0	57	7
Tuolumne	0	1	14	4	1	12	2
Ventura	4	18	156	48	4	130	23
Yolo	0	2	31	15	2	20	3
Yuba	0	1	2	4	1	7	2
Out of State/ Not Reported	0	0	3	2	0	11	0

Note: This table reflects only fee-for-service payments; therefore, data are limited for counties with Medi-Cal Managed Care populations.

Source: State of California. Department of Health Services. Medi-Cal Fee-For-Service and Delta Dental Paid Claims
State of California. Department of Health Services. Medi-Cal Provider Master File (HD.RCV1004.EDS.PROVIDER.
CODES, D011003)

TABLE 25

MEDI-CAL PROGRAM
COUNTY POPULATION, MEDI-CAL ELIGIBLES, AND
MEDI-CAL ELIGIBLES AS A PERCENT OF POPULATION
CALENDAR YEAR 2002

(COHS, HCPs, AND FFS)

COUNTY	POPULATION/1/	ELIGIBLES/2/	ELIGIBLES AS A PERCENT OF POPULATION	COUNTY	POPULATION/1/	ELIGIBLES/2/	ELIGIBLES AS A PERCENT OF POPULATION
STATEWIDE	35,301,000	6,137,874	17.4				
Alameda	1,490,000	190,226	12.8	Placer	270,700	24,636	9.1
Alpine	1,230	244	19.8	Plumas	20,950	2,736	13.1
Amador	36,350	3,023	8.3	Riverside	1,677,100	240,160	14.3
Butte	208,800	45,626	21.9	Sacramento	1,297,600	250,799	19.3
Calaveras	42,250	5,291	12.5	San Benito	56,000	6,266	11.2
Colusa	19,550	4,402	22.5	San Bernardino	1,811,700	327,100	18.1
Contra Costa	987,000	92,306	9.4	San Diego	2,935,100	328,121	11.2
Del Norte	27,850	7,313	26.3	San Francisco	789,800	115,831	14.7
El Dorado	165,200	12,770	7.7	San Joaquin	605,500	123,343	20.4
Fresno	835,400	240,304	28.8	San Luis Obispo	254,500	25,781	10.1
Glenn	26,850	5,890	21.9	San Mateo	713,800	52,820	7.4
Humboldt	127,500	24,455	19.2	Santa Barbara	407,800	56,816	13.9
Imperial	151,900	43,207	28.4	Santa Clara	1,718,500	177,791	10.3
Inyo	18,250	2,645	14.5	Santa Cruz	259,000	28,775	11.1
Kern	697,100	168,667	24.2	Shasta	171,100	34,659	20.3
Kings	134,700	27,190	20.2	Sierra	3,520	432	12.3
Lake	61,100	14,300	23.4	Siskiyou	44,300	9,441	21.3
Lassen	34,150	4,681	13.7	Solano	408,700	46,789	11.4
Los Angeles	9,902,700	2,396,338	24.2	Sonoma	470,200	64,404	13.7
Madera	131,800	32,067	24.3	Stanislaus	477,100	101,468	21.3
Marin	249,100	13,423	5.4	Sutter	82,500	16,349	19.8
Mariposa	17,400	2,214	12.7	Tehama	57,300	12,840	22.4
Mendocino	87,900	18,282	20.8	Trinity	13,100	2,339	17.9
Merced	222,700	64,248	28.8	Tulare	382,000	119,770	31.4
Modoc	9,300	2,125	22.8	Tuolumne	56,200	6,789	12.1
Mono	13,350	988	7.4	Ventura	785,700	89,846	11.4
Monterey	412,000	68,338	16.6	Yolo	179,000	25,528	14.3
Napa	128,900	11,056	8.6	Yuba	62,400	17,262	27.7
Nevada	95,700	7,587	7.9				
Orange	2,954,500	319,777	10.8				

/1/ State of California, Department of Finance, Population Estimate as of July 1, 2002.

/2/ Average Monthly Eligibles.

COHS = County Organized Health Systems; HCPs = Health Care Plans; FFS = Fee-For-Service.

Note: These figures do not include capitation adjustments.

Figures are rounded independently and may not add to totals.

These figures may disagree with previously published figures.

Source: State of California, Department of Finance, County Population Estimates. State of California, Department of Health Services, MCSS File HCP0212_Benes_by_Managed_Care_Plan_2002-12.xls, created from the December 2002 Month of Eligibility File using a six-month lag.
State of California, Department of Health Services, MCSS File HCP0301_Benes_by_Managed_Care_Plan_2003_01.xls, created from the January 2003 Month of Eligibility File using a six-month lag. (Tables 14 and 18 of this report).

TABLE 26
MEDI-CAL PROGRAM
PERSONS CERTIFIED ELIGIBLE BY COUNTY AND RACE/ETHNICITY
JULY 2002
(COHS, HCPs, AND FFS)

COUNTY	TOTAL	RACE/ETHNICITY					
		AMERICAN INDIAN/ALASKAN NATIVE	ASIAN/ PACIFIC ISLANDER	BLACK	HISPANIC	WHITE	NOT REPORTED
STATEWIDE	6,143,459	27,484	794,283	704,525	2,892,367	1,453,530	271,270
Alameda	190,095	550	44,238	62,237	39,207	32,675	11,188
Alpine	247	147	3	5	8	75	9
Amador	3,024	70	44	13	230	2,551	116
Butte	45,836	888	4,842	1,402	6,004	30,736	1,964
Calaveras	5,333	80	66	62	292	4,628	205
Colusa	4,421	83	203	34	2,729	1,231	141
Contra Costa	92,519	256	11,957	23,398	25,235	26,933	4,740
Del Norte	7,348	652	553	54	706	5,059	324
El Dorado	12,770	163	337	101	2,337	9,291	541
Fresno	241,281	804	40,414	20,043	129,722	41,523	8,775
Glenn	5,869	134	549	40	2,152	2,738	256
Humboldt	24,527	2,157	995	419	1,354	18,344	1,258
Imperial	43,367	403	4,131	781	30,237	5,823	1,992
Inyo	2,660	457	47	10	608	1,420	118
Kern	169,728	639	10,459	16,187	87,325	49,561	5,557
Kings	27,271	85	1,757	2,111	15,841	6,486	991
Lake	14,281	488	286	583	1,571	10,724	629
Lassen	4,651	305	81	101	450	3,501	213
Los Angeles	2,418,226	3,638	262,070	320,354	1,387,093	351,254	93,817
Madera	32,039	252	1,485	1,140	20,172	7,996	994
Marin	13,524	39	1,166	1,190	4,575	5,880	674
Mariposa	2,218	99	14	9	69	1,958	69
Mendocino	18,352	1,389	435	189	4,224	11,209	906
Merced	64,121	232	7,892	3,756	33,805	14,612	3,824
Modoc	2,166	136	30	5	312	1,596	87
Mono	1,018	84	9	2	382	509	32
Monterey	68,678	113	5,459	2,151	48,466	9,910	2,579
Napa	11,162	42	499	173	5,133	4,855	460
Nevada	7,592	58	113	29	551	6,480	361
Orange	322,695	321	69,973	6,591	163,519	67,798	14,493
Placer	17,442	250	755	347	2,774	12,388	928
Plumas	2,773	101	26	51	154	2,300	141
Riverside	241,135	1,201	16,768	24,054	114,696	73,913	10,503
Sacramento	251,985	1,417	49,141	49,523	41,927	98,219	11,758
San Benito	6,294	16	344	59	4,407	1,230	238
San Bernardino	328,610	1,797	24,413	50,377	140,879	97,790	13,354
San Diego	329,266	1,371	46,350	38,104	131,201	94,247	17,993
San Francisco	116,451	320	40,642	22,919	18,482	22,716	11,372
San Joaquin	123,582	590	26,913	15,441	42,597	31,803	6,238
San Luis Obispo	25,803	128	1,126	546	8,342	14,584	1,077
San Mateo	53,247	78	10,593	4,279	23,920	11,009	3,368
Santa Barbara	56,954	252	3,877	1,851	34,927	13,720	2,327
Santa Clara	179,048	524	55,900	7,223	75,534	29,442	10,425
Santa Cruz	28,962	75	1,587	432	15,888	9,434	1,546
Shasta	34,664	1,126	1,894	611	1,566	27,844	1,623
Sierra	432	2	5	5	16	380	24
Siskiyou	9,472	470	355	178	815	7,062	592
Solano	46,885	192	6,855	13,211	11,002	13,247	2,378
Sonoma	40,542	720	2,598	1,303	13,632	20,349	1,940
Stanislaus	101,836	293	9,530	3,879	43,230	40,447	4,457
Sutter	16,418	139	2,592	377	5,643	6,932	735
Tehama	12,967	258	246	134	2,917	8,893	519
Trinity	2,344	62	23	12	26	2,129	92
Tulare	119,182	456	8,934	2,733	75,196	27,722	4,141
Tuolumne	6,774	160	115	56	302	5,826	315
Ventura	90,191	262	6,827	1,990	54,951	22,174	3,987
Yolo	25,805	214	2,876	1,065	10,007	10,466	1,177
Yuba	17,376	246	2,891	595	3,027	9,908	709

Note: COHS = County Organized Health Systems; HCPs = Health Care Plans; FFS = Fee-For-Service.
Source: State of California, Department of Health Services, MEDS Monthly Extract File (MEF), created from the December 2002 MEF using a six-month lag.

TABLE 27
MEDI-CAL PROGRAM
NUMBER OF PROVIDERS BY PROVIDER TYPE AND STATUS
CALIFORNIA, AS OF DECEMBER 31, 2002

PROVIDER TYPE	TOTAL	ACTIVE STATUS	INACTIVE STATUS	PENDING STATUS	DECEASED STATUS	SUSPENDED STATUS	INDIRECT STATUS	CONTRACT STATUS
TOTAL/1/	422,751	87,703	261,164	471	3,864	3,758	65,503	288
Adult Day Care Centers	353	288	61	0	0	4	0	0
Assistive Device and Sick Room Supplier	5,560	894	4,472	6	5	181	2	0
Audiologists	1,476	413	769	6	1	4	283	0
Blood Banks	20	9	11	0	0	0	0	0
Certified Nurse Midwife	438	148	159	0	0	5	126	0
Chiropractors	9,776	1,152	8,001	0	289	181	153	0
Certified Pediatric Nurse Practitioner and Certified Family Nurse Practitioner	346	89	155	2	0	1	99	0
Christian Science Practitioners	2	2	0	0	0	0	0	0
Clinical Laboratories	4,117	621	3,444	3	4	43	2	0
Geriatric/Family Nurse Practitioner	11	8	1	0	0	0	2	0
Fabricating Optical Laboratory	15	5	3	0	0	7	0	0
Dispensing Opticians	2,283	424	1,846	0	5	6	2	0
Hearing Aid Dispensers	1,742	345	1,241	2	4	33	117	0
Home Health Agencies	2,432	612	1,817	0	0	3	0	0
Community Hospital Outpatient	10,293	2,125	8,128	24	0	16	0	0
Community Hospital Inpatient	12,257	2,194	9,775	4	0	15	0	269
Long Term Care	12,261	2,589	9,596	1	0	75	0	0
Nurse Anesthetists	967	161	488	3	2	5	308	0
Occupational Therapists	1,435	139	960	0	2	0	334	0
Optomists	8,088	2,519	4,497	4	133	24	911	0
Orthotists	254	33	97	0	1	2	121	0
Physicians Group	24,880	8,300	16,417	6	16	140	1	0
Optomist Group	357	264	90	0	0	0	3	0
Pharmacies/Pharmacist	25,652	5,854	19,673	5	3	117	0	0
Physical Therapists	7,317	336	6,228	2	109	13	629	0
Physicians	197,816	33,524	98,241	200	3,151	2,407	60,293	0
Podiatrists	5,029	1,519	3,049	1	71	148	241	0
Portable X-Ray Laboratory	235	35	190	0	2	8	0	0
Prosthetists	626	229	191	2	0	3	201	0
Ground Medical Transportation	3,723	796	2,892	7	2	26	0	0
Psychologists	14,306	2,098	11,077	8	46	143	934	0
Certified Acupuncturist	3,075	1,346	1,619	7	7	25	71	0
Genetic Disease Testing	710	533	153	1	0	0	23	0
P.L. 95-210 Rural Health Clinics and Federally Qualified Health Centers (FQHCs)	1,006	696	306	2	0	2	0	0
HCBS-Certified HHA	1	1	0	0	0	0	0	0
Speech Therapists	2,682	279	1,766	4	5	2	626	0
Air Ambulance Transportation Services	150	90	59	1	0	0	0	0
Certified Hospice Service Per AB 4249	356	181	175	0	0	0	0	0
Free Clinics	32	11	21	0	0	0	0	0
Community Clinics	1,589	429	1,154	1	0	5	0	0
Chronic Dialysis Clinics	836	367	468	1	0	0	0	0
Multispecialty Clinics	3	1	2	0	0	0	0	0
Surgical Clinics	456	263	193	0	0	0	0	0
Exempt from Licensure Clinics	115	46	68	1	0	0	0	0
Rehabilitation Clinics	171	116	55	0	0	0	0	0
Employer/Employee Clinic	2	2	0	0	0	0	0	0
County Clinics Not Associated with Hospital	139	54	85	0	0	0	0	0
Birthina Centers - Primary Care Clinics	1	0	1	0	0	0	0	0
Clinic - Otherwise Undesignated	389	0	389	0	0	0	0	0
Outpatient Heroin Detoxification Center	107	72	33	0	0	2	0	0
Alternative Birth Centers - Specialty Clinics	16	10	6	0	0	0	0	0
Breast Cancer Early Detection Program	546	380	164	1	0	1	0	0
Expanded Access to Primary Care Clinics	387	265	122	0	0	0	0	0
Local Education Agency	538	517	19	2	0	0	0	0
Respiratory Care Practitioner	49	42	2	0	0	0	5	0
EPSTD Supplemental Svcs Prov	693	298	297	79	0	3	16	0
Health Access Program	479	411	68	0	0	0	0	0
County Hospital Inpatient	672	61	592	0	0	0	0	19
County Hospital Outpatient	207	72	134	1	0	0	0	0
County Hospital Rehab	6	5	1	0	0	0	0	0
Community District Part Snif (LTC)	4	0	4	0	0	0	0	0
Pediatric Subacute Care-LTC	30	20	1	9	0	0	0	0
Mental Health Inpatient	331	181	150	0	0	0	0	0
AIDS Waiver Services	63	38	25	0	0	0	0	0
Multipurpose Senior Services Program	88	87	1	0	0	0	0	0
California Children's Service/Genetically Handicapped Person Program - Non-Institutional	45,319	12,719	32,412	74	6	108	0	0
California Children's Service/Genetically Handicapped Person Program - Institutional	789	385	403	1	0	0	0	0
Out of State	6,647	0	6,647	0	0	0	0	0

1/1 Includes California, Out of State, and Out of County.
Source: State of California, Department of Health Services, Medi-Cal Provider Master File (HD.RCV1004.EDS.PROVIDER.CODES.D073103).

SECTION 8

HISTORICAL MEDI-CAL PROGRAM TRENDS

MEDI-CAL ELIGIBLES - TABLE 28

Data included in this table are (FFS), County Organized Health Systems (COHS), and Health Care Plans (HCPs).

The Medi-Cal eligible population averaged 6.14 million persons per month in 2002. This reflects an increase of 607,235 or 11.0 percent from 2001 and an increase of 933,513 million or 17.9 percent from 1993.

Public Assistance (FFS) eligibles averaged 1.3 million persons per month in 2002, a decrease of 0.5 percent from 2001.

Medically Needy (FFS) eligibles averaged 1.1 million persons per month in 2002, an increase of 21.1 percent from 2001.

Medically Indigent (MI) (FFS) eligibles averaged 76,360 persons per month in 2002, an 21.0 percent increase from 2001.

The MN/MI Alien Without SIS and Refugee/Entrant (FFS) programs averaged 230,922 persons per month in 2002, an increase of 21.1 percent from 2001.

The 100 Percent Poverty, 133 Percent Poverty, and Income Disregard (FFS) programs averaged 177,334 persons per month in 2002, compared to 162,934 in 2001

The 60-Day Postpartum (FFS) program averaged 2,013 persons per month in 2002, an increase of 426 eligibles from the previous year.

The Special Treatment (FFS) programs are small, with an average of 60 eligibles per month in 2002, compared to 44 eligibles per month in 2001.

The Qualified Medicare Beneficiary only (FFS) program averaged 5,177 eligibles per month in 2002, a decrease of 2.5 percent from 2001.

Data for the Presumptive Eligibility for Pregnant Women (FFS) program are not available.

The Medi-Cal Tuberculosis (FFS) program averaged 958 eligibles per month in 2002, an increase of 40.5 percent from 2001.

The Minor Consent (FFS) program averaged 9,706 eligibles in 2002, an increase of 9.8 percent from 2001.

The BCCTP (FFS) program averaged 1,969 eligibles per month in 2002.

TABLE 28
MEDI-CAL PROGRAM
ESTIMATED AVERAGE MONTHLY ELIGIBLES BY PROGRAM
CALENDAR YEARS 1993-2002

(COHS, HCPs, AND FFS)

PROGRAM	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
TOTAL	5,204,359	5,390,717	5,421,262	5,378,706	5,146,850	4,957,866	5,020,390	5,110,057	5,530,637	6,137,872
County Organized Health Systems (COHS)	80,671	118,078	183,884	398,493	378,236	358,831	376,429	404,146	460,754	512,261
Health Care Plans (HCPs)	376,551	507,957	604,213	764,694	1,348,361	1,768,096	2,110,038	2,158,642	2,371,542	2,669,661
Fee-For-Service (FFS)	5,204,359 /a/	5,390,717 /a/	4,633,165 /b/	4,215,519 /b/	3,420,253 /b/	2,830,939 /b/	2,533,923/b/	2,547,269/b/	2,698,336/b/	2,955,950/b/
Public Assistance	3,911,384	4,079,538	3,374,020	3,003,037	2,334,308	1,819,782	1,498,638	1,400,077	1,344,670	1,337,527
Medically Needy	560,808	576,531	543,081	499,471	442,442	400,977	436,328	661,256	920,702	1,114,512
Medically Indigent	236,765	253,875	249,073	228,084	181,671	131,686	104,918	77,325	63,089	76,360
IRCA Aliens	40,944	13,459	181	60	7	2	0	0	0	0
MI/MN Alien Without SIS	309,076	300,469	282,743	279,284	238,591	215,853	201,020	154,228	189,181	229,821
Refugee/Entrant	8,515	7,311	5,647	2,913	1,810	1,459	1,190	1,261	1,559	1,101
100 Percent Poverty	4,770	9,085	15,610	24,033	31,705	52,082	75,620	64,704	41,206	43,518
133 Percent Poverty	53,734	64,137	75,087	84,560	88,070	94,681	95,907	70,662	33,905	33,245
Income Disregard	73,581	76,051	83,318	88,802	90,706	95,025	103,471	100,925	87,823	100,571
60-Day Postpartum	2,036	1,790	1,760	1,870	1,730	1,572	1,315	1,154	1,587	2,013
Special Treatment	INA	INA	INA	INA	INA	INA	INA	INA	44	60
Qualified Medicare Beneficiary	2,602	1,587	2,233	2,769	3,838	4,737	5,502	5,983	5,049	5,177
Presumptive Eligibility for Pregnant Women	99	6,842	INA	INA	INA	INA	INA	INA	INA	INA
Medi-Cal Tuberculosis Program	NA	5	377	602	550	564	536	505	682	958
Minor Consent	NA	NA	NA	0	4,752	12,421	9,385	9,112	8,837	9,706
BCCTP	NA	NA	NA	NA	NA	NA	NA	NA	NA	1,969

INA Information Not Available.

NA Not Applicable.

/a/ Includes COHS, HCPs, and FFS.

/b/ Includes FFS Only.

Note: IRCA = Immigration Reform and Controt Act; OBRA Omnibus Budget Reconciliation Act.

Averages are rounded independently and may not add to totals.

Other includes Special Treatment. Please note Dialysis and Total Parenteral Nutrition programs have merged and are now called Special Treatment.

Source: State of California, Department of Health Services, MCSS File HCP0212_Benes_by_Managed_Care_Plan_2002_12, created from the December 2002 Month of Eligibility File using a six-month lag. (Tables 14, 15, and 18 of this report and the Estimated Average Monthly Eligibles by Program from the Medical Assistance Program Annual Statistical Reports for 1993-2002).

MEDI-CAL PAYMENTS - TABLE 29

Data included in this table are Fee-For-Service (FFS), County Organized Health Systems (COHS), and Health Care Plans (HCPs).

During 2002, Medi-Cal program payments were \$19.3 billion. This reflects an increase of \$2.4 billion or 14.0 percent from 2001 and an increase of \$8.9 billion or 86.1 percent from 1993.

Public Assistance, the largest group in terms of total FFS expenditures, received \$7.7 billion in services during 2002, a 12.6 percent increase from 2001.

The Medically Needy (FFS) group received \$5.6 billion in services during 2002, an increase of 17.3 percent from 2001.

Medically Indigents (FFS) received a total of \$202.5 million in services during 2002, compared to \$185.2 million in 2001, a 9.3 percent increase.

The MI/MN Alien Without SIS and Refugee/Entrants (FFS) received a total of \$436.2 million in services during 2002, an increase of 12.3 percent from 2001.

The 100 Percent Poverty, 133 Percent Poverty, and Income Disregard (FFS) programs ran \$530,324 million during 2002, a 19.8 percent increase from the previous year.

The 60-Day Postpartum (FFS) program ran \$8.3 million during 2002, a 68.4 percent increase from 2001.

The Special Treatment (FFS) programs ran \$455 thousand during 2002, a 40.4 percent increase from 2001.

The Qualified Medicare Beneficiary (FFS) program ran \$9.4 million in 2002, compared to \$7.9 million in 2001, for a 18.9 percent increase.

The Presumptive Eligibility for Pregnant Women (FFS) program ran \$129.5 million during 2002 and \$117.5 million in 2001, or a 10.3 percent increase.

The Medi-Cal Tuberculosis (FFS) program ran \$586 thousand during 2002, compared to \$465 thousand in 2001, or an 26.0 percent increase.

The Minor Consent (FFS) program ran \$44.1 million in 2002, compared to \$45.1 million in prior year, or a 2.2 percent decrease.

The BCCTP (FFS) program ran \$20.9 million in 2002.

A significant portion of the increase in expenditures in 2002 from previous years is attributable to increased eligibles due to program expansion.

TABLE 29
MEDI-CAL PROGRAM
ESTIMATED TOTAL ANNUAL PAYMENTS BY PROGRAM
CALENDAR YEARS 1993-2002
(In thousands)
(COHS, HCPs, AND FFS)

PROGRAM	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
TOTAL	\$10,368,797	\$10,825,560	\$11,133,016	\$11,897,872	\$12,043,071	\$12,494,530	\$13,481,729	\$14,609,804	\$16,921,923	\$19,298,072
County Organized Health Systems (COHS)	\$135,052	\$218,148	\$303,616	\$667,482	\$672,072	\$775,616	\$899,162	\$1,020,869	\$1,249,259	\$1,323,874
Health Care Plans (HCPs)	\$444,010	\$599,794	\$705,719	\$865,952	\$1,371,379	\$1,689,188	\$2,200,332	\$2,385,895	\$2,871,909	\$3,282,699
Fee-For-Service (FFS)	\$10,368,797/a/	\$10,825,560/a/	\$10,123,681/b/	\$10,364,438/b/	\$9,999,620/b/	\$10,029,725 /b/	\$10,382,235/b/	\$11,203,041/b/	\$12,800,755/b/	\$14,691,499/b/
Public Assistance	5,946,198	6,327,335	5,626,657	5,836,519	5,606,520	5,560,078	5,700,102	6,075,117	6,798,089	7,657,169
Medically Needy	2,990,903	3,144,336	3,075,507	3,113,555	3,079,234	3,105,472	3,283,563	3,833,026	4,747,184	5,570,344
Medically Indigent	330,357	364,537	371,857	362,780	324,040	293,894	278,206	221,587	185,170	202,472
IRCA Aliens	105,299	30,138	6,130	816	294	147	124	0	0	0
MI/MN Alien Without SIS	720,469	647,513	629,846	629,894	548,281	495,788	482,900	385,300	381,365	430,583
Refugee/Entrant	24,829	24,654	23,214	12,302	9,002	6,511	5,331	4,615	7,007	5,606
100 Percent Poverty	1,678	3,352	5,499	8,960	12,904	24,317	42,790	41,504	33,949	43,927
133 Percent Poverty	26,325	33,229	39,105	45,586	47,245	51,817	56,833	48,651	32,367	35,940
Income Disregard	212,998	215,036	235,690	270,511	258,912	282,818	337,165	673,434	376,412	450,457
60-Day Postpartum	2,093	1,704	1,900	1,585	1,836	2,773	2,665	3,214	4,939	8,316
Special Treatment	550	545	1,348	317	424	192	228	251	324	455
Qualified Medicare Beneficiary	899	1,407	1,398	1,630	3,056	41,944	16,823	7,898	7,926	9,426
Presumptive Eligibility for Pregnant Women	3	10,985	25,782	45,797	59,186	73,344	87,157	101,676	117,460	129,527
Medi-Cal Tuberculosis Program	NA	/c/	74	179	243	387	351	426	465	586
Minor Consent	NA	NA	NA	NA	7,139	42,232	47,753	49,367	45,050	44,078
BCCTP	NA	NA	NA	NA	NA	NA	NA	NA	NA	20,918
Not Reported	6,196	20,788	79,673	34,008	41,302	48,003	40,234	51,466	62,750	81,595

NA Not Applicable.

/a/ Includes COHS, HCPs, and FFS.

/b/ Includes FFS Only.

/c/ Less than 0.500.

Note: IRCA = Immigration Reform and Control Act.

Payments are rounded independently and may not add to totals.

The Dialysis and Total Parenteral Nutrition programs have merged and are now called Special Treatment.

Source: State of California, Department of Health Services, Medi-Cal Managed Care Division, Monthly Contract Expenditure and Encumbrance Status Report, CY 2002.

State of California, Department of Health Services, Medi-Cal Services and Expenditures Month of Payment Calendar Year Report.
(Tables 13, 15 and 20 of this Report)

APPENDICES

- [Appendix A](#) Definitions of Terms
- [Appendix B](#) Medi-Cal Aid Codes by Program
- [Appendix C](#) Aid Codes Master Chart
- [Appendix D](#) Statistical Publications
- [Appendix E](#) Medical Care Statistics Section's Recommended Links

APPENDIX A

Definitions of Terms

DEFINITIONS OF TERMS

The following defines commonly used terms used in discussions of Medi-Cal. The definitions are essentially correct, but some are much more complex than indicated below.

BCCTP:	Breast and Cervical Cancer Treatment Program (BCCTP).
Beneficiary:	Used to indicate a person who receives service (user or recipient) or a person eligible for service.
Capitate/ Capitation:	Refers to the payment of a set amount of money per month per person to an agency. The agency then provides medical care for all persons paid for. Essentially an insurance premium arrangement.
CID:	The Centralized Identification system was a computer system, which mailed out Medi-Cal ID cards each month to eligibles. Some reports on eligibility still use this term.
COHS:	County Organized Health Systems. Under this approach, the county acts as the primary contractor serving most Medi-Cal beneficiaries in the county. The COHS receive a capitated rate for each beneficiary in the county, and assume full financial risk. The eight COHS counties are Monterey, Napa, Orange, San Mateo, Santa Barbara, Santa Cruz, Solano, and Yolo.
Costs:	Medi-Cal Program payments or expenditures, usually to providers for services rendered. But may include all program expenditures.
Crossover: (X-over)	Refers to a claim that has been processed and paid in part by Medi-care and then processed by Medi-Cal for those with dual eligibility. Also referred to as Medi-Medi Claim.
Encounter:	Service/Supply rendered to a Medi-Cal beneficiary. Also referred to as a Shadow Claim if the Service/Supply is rendered under Managed Care.
Eligibles:	Persons who have been processed through the system and determined to meet the criteria for receiving medical assistance under the Medi-Cal Program.
Enrollees:	Eligibles who have joined Managed Care Plans.
Expenditures:	See Costs.
Family P.A.C.T.	Family P.A.C.T. (Planning, Access, Care and Treatment) (formerly known as SOFP - State Only Family Planning). Comprehensive family planning services for low income residents of California with no other source of health care coverage. Funded with Federal Financial Participation (FFP) through a Title XIX waiver.

DEFINITIONS OF TERMS, Continued

Federal Financial Participation: (FFP)	The amount of money the Federal Government pays in the operation of the Medicaid Program. FFP varies from 50 percent to 90 percent depending on type of service and meeting of stipulated criteria.
Fee-For-Service: (FFS)	Used to distinguish regular Medi-Cal Program from the Managed Care Program: "Fee-For-Service eligibles" are persons not enrolled in Managed Care Plans.
GMC:	Geographic Managed Care. Under this approach, the Medi-Cal Program negotiates contracts directly with providers to accept beneficiaries within a specified area, again paying a monthly rate based on the estimated cost of providing services to similar beneficiaries under the fee-for-service system. The Department implemented this approach in Sacramento County in April 1994, and in San Diego in July 1998.
HCPs:	Health Care Plans. Medi-Cal contracts with private entities to provide care to specific beneficiary categories that include the managed care models COHS, GMC, PHP, PCCM, and Two-Plan Model.
HMO:	Health Maintenance Organization. (See HCPs.)
Linked:	Individuals who meet the federal definition of aged (65 years of age or older), blind, or disabled, or families with children where the children are deprived of parental support or care due to the absence, death, incapacity, or unemployment of a parent.
Medi-Cal:	California's name for Medicaid, includes the federal and state program of medical assistance for needy and low-income persons. (Federal designation of the Medical Assistance Program authorized under Title XIX of the Social Security Act.)
Medi-Cal Card:	An identification card given to Medi-Cal eligibles.
Medically Indigent:	Individuals who are eligible for Medi-Cal but are not in any other category, such as not in the Public Assistance or Medically Needy category, because they are not linked. For example, a child who lives in a two-parent family with moderate income, but limited property who is not deprived is Medically Indigent.
Medically Needy:	Individuals and families eligible for Medi-Cal because they are linked, but who are not in the Public Assistance category. This category also includes linked individuals in specialized programs such as those who are in long term care, Section 1931(b), but who are not receiving CalWORKs concurrently, or who are receiving Transitional Medi-Cal. For example, a person who is over age 65 but has too much income to qualify for SSI/SSP is Medically Needy.

DEFINITIONS OF TERMS, Continued

Medicare:	<p>The Federal Social Security Program (Title XVIII of the Social Security Act) provides medical care to aged and certain disabled persons.</p> <p>This is essentially a medical insurance program, as opposed to Medicaid, which is a public assistance program for the needy.</p>
MEDS:	<p>Medi-Cal Eligibility Data System. A major Electronic Data Processing (EDP) system providing online access to over 17 million records of current or former Welfare, Medi-Cal, or County Medical Services Program (CMSP) clients to support administration of those programs and delivery of benefits.</p>
MEDSSUM File:	<p>An eligibility summary file that summarizes the number of eligibles by aid code and county on a monthly basis for each month of eligibility.</p>
Minor Consent:	<p>Covers minors under 21. Limited to services related to sexually transmitted diseases, sexual assault, drug and alcohol abuse, pregnancy, family planning and outpatient mental health treatment.</p>
Paid Claims:	<p>A claim for medical services paid in behalf of a Medi-Cal eligible. Claims data are captured on computer tape and comprise the major data base of the Program. Usually "paid claims" refers to this data base rather than the actual document.</p>
PCCM:	<p>Primary Care Case Management. PCCM plans are paid a monthly capitation rate to manage selected outpatient services to Medi-Cal beneficiaries enrolled in the plan.</p>
Percent Programs: Pregnant Women Infants and Children	<p>These programs provide zero share of cost Medi-Cal to (1) pregnant women and infants up to age 1 with family income at or under 200 percent of the federal poverty level (FPL) generally referred to as the Income Disregard program; (2) children ages 1 up to age six with family income at or under 133 percent of the FPL (the 133 Percent program); and (3) children ages 6 up to nineteen with family income at or under 100 percent of the FPL (the 100 Percent program).</p>
PHPs:	<p>Prepaid Health Plans. Now referred to as (HCPs) Health Care Plans.</p>
Provider:	<p>Any individual, group, business, or facility authorized to bill the Medi-Cal Program for services rendered to Medi-Cal eligibles. Includes the full scope of practitioners and facilities, such as physicians, hospitals, chiropractors, pharmacies, nursing facilities, intermediate care facilities, home health agencies, etc.</p>

DEFINITIONS OF TERMS, Continued

Public Assistance:	Refers to those individuals eligible for cash assistance under various programs such as the Supplemental Security Income/State Supplementary Program (SSI/SSP), the California Work Opportunities and Responsibility to Kids program (CalWORKs), the In-Home Supportive Services program or the Aid to Families with Dependent Children Foster Care program. This category also includes some individuals whose Medi-Cal eligibility is derived from these programs such as former SSI/SSP recipients who for varying reasons continue to be eligible for Medi-Cal with no share of cost, such as those who are eligible under the Pickle program.
Recipient:	A user of a specified type of service.
SDX:	State Data eXchange: The computer tapes received from Social Security Administration which contain names and addresses of persons eligible for Medicare and Medi-Cal concurrently.
Services:	What providers provide Medi-Cal patients and are paid for by the Medi-Cal Program. Services have to be defined within the context in which they're reported. For example, the units of service for inpatient hospital services are patient days, the unit in prescription drugs is prescriptions, the unit in outpatient visits is visits, etc.
SSI/SSP:	Supplemental Security Income/State Supplementary Payment. If you get a SSI/SSP grant, Medi-Cal eligibility is automatically set up by your Social Security district office.
Two-Plan Model:	<p>Two-Plan Contractors now provide or are preparing to provide medical services to nearly all Medi-Cal recipients in 12 counties (Alameda, Contra Costa, Fresno, Kern, Los Angeles, Riverside, San Bernardino, San Francisco, San Joaquin, Santa Clara, Stanislaus and Tulare).</p> <p>The Department will contract with only two managed care plans. One plan will be a locally developed, comprehensive managed care system referred to as the Local Initiative. The other plan will be a non-governmentally operated Health Management Organization referred to as the Commercial Plan.</p>
Vendor:	See Provider.

APPENDIX B

Medi-Cal Aid Codes by Program

Appendix B

MEDI-CAL AID CODES BY PROGRAM

(Discontinued aid codes are included):

<u>Aid Code Program</u>	<u>Aid Codes</u>
Public Assistance	
Aged	10, 16, 18
Blind	20, 26, 28, 6A
Disabled	36, 60, 66, 68, 6C
Families	06, 30, 32, 33, 35, 38, 3A, 3C, 3E, 3G, 3H, 3L, 3M, 3P, 3R, 3U, 3W, 40, 42, 43, 46, 4C, 4F, 4G, 77, 78
SSI Appeal/NLDC	6N, 6P (combine with Disabled for statistical reporting)
Medically Needy	
Aged	13, 14, 17, 1H, 1U
Blind	23, 24, 27
Disabled	63, 64, 65, 67, 6G, 6H, 6U, 6V, 6W, 6X, 6Y, 8G
Families	34, 37, 39, 3N, 3T, 3V, 54, 59, 5J, 5R, 5T, 5W, 5X, 5Y, 6J, 6R, 7J, 7K
Medically Indigent	
Child	03, 04, 2A, 45, 4A, 4K, 4M, 5K, 7T, 82, 83, 8E
Adult	53, 81, 86, 87
Refugees	01, 02, 08, 0A
Special Treatment	
Dialysis	71
Total Parenteral Nutrition	73
60-Day Postpartum	76
Presumptive Eligibility- Pregnant Women	7F, 7G
QMB	80
<i>IRCA (expired 12/31/1994)</i>	51, 52, 56, 57
MI/MN Alien Without SIS	55, 58, 5F
100% Program	7A, 7C, 8R, 8T
133% Program	72, 74, 8N, 8P

Appendix B (Continued)

Aid Code Program

Aid Codes

Income Disregard Program and
Asset Waiver Provision
(formerly 185% Program)

Infants

07, 47, 69, 79

Pregnant Women

44, 48, 49, 70, 75

200% Program and Asset
Waiver Provision
(deactivated 5/2000;
combine with Inc Disregard
for statistical reporting)

(07, 70, 75, 79)

Tuberculosis Program
Minor Consent Services
FPACT Waiver

7H

7M, 7N, 7P, 7R

8H (FFP effective beginning with
12/1/1999 service dates)

BCCTP

0M, 0N, 0P, 0R, 0T, 0U

APPENDIX C

Aid Codes Master Chart

Aid Codes Master Chart

The following aid codes identify the types of services for which different Medi-Cal, CMSP, CCS/GHPP and CHDP recipients are eligible.

Code	Benefits	SOC	Program/Description
0A	Full	No	Refugee Cash Assistance (FFP). Includes unaccompanied children. Covers all eligible refugees during their first eight months in the United States. Unaccompanied children are not subject to the eighth-month limitation provision. This population is the same as aid code 01, except that they are exempt from grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.
0M	Full	No	Breast and Cervical Cancer Treatment Program (BCCTP) – Accelerated Enrollment (AE). Provides temporary AE for full-scope, no Share of Cost (SOC) Medi-Cal for females younger than 65 years of age who have been diagnosed with breast and/or cervical cancer. Limited to two months.
0N	Full	No	BCCTP – AE. Provides temporary AE for full-scope, no SOC Medi-Cal for females younger than 65 years of age who have been diagnosed with breast and/or cervical cancer. No time limit.
0P	Full	No	BCCTP – Federal. Provides full-scope, no SOC Medi-Cal for females younger than 65 years of age who are diagnosed with breast and/or cervical cancer and are without creditable insurance coverage.
0R	Restricted Services	No	BCCTP – High Cost Other Health Coverage (OHC). Provides payment of premiums, co-payments, deductibles and coverage for non-covered cancer-related services for all-age males and females, including undocumented aliens, who have been diagnosed with breast and/or cervical cancer. Breast-cancer-related services covered for 18 months. Cervical-cancer-related services covered for 24 months.
0T	Restricted Services	No	BCCTP – State. Provides 18 months of breast cancer treatments and 24 months of cervical cancer treatments for all-age males and females 65 years of age or older, regardless of citizenship, who have been diagnosed with breast and/or cervical cancer. Does not cover individuals with expensive, creditable insurance.
0U	Restricted Services	No	BCCTP – Undocumented Aliens. Provides emergency, pregnancy-related and Long Term Care (LTC) services to females younger than 65 years of age with unsatisfactory immigration status who have been diagnosed with breast and/or cervical cancer. Does not cover individuals with creditable insurance. State-only cancer treatment services are 18 months (breast) and 24 months (cervical).
0V	Restricted Services	No	Post-BCCTP – Provides limited-scope no SOC Medi-Cal emergency, pregnancy-related and LTC services for females younger than 65 years of age with unsatisfactory immigration status and without creditable health insurance coverage who have exhausted their 18 (breast)- or 24 (cervical)-month period of cancer treatment coverage under aid code 0U.
01	Full	No	Refugee Cash Assistance (FFP). Includes unaccompanied children. Covers all eligible refugees during their first eight months in the United States. Unaccompanied children are not subject to the eighth-month limitation provision.
02	Full	Y/N	Refugee Medical Assistance/Entrant Medical Assistance (FFP). Covers refugees and entrants who need Medi-Cal and who do not qualify for or want cash assistance.

Code	Benefits	SOC	Program/Description
03	Full	No	Adoption Assistance Program (AAP) (FFP). A cash grant program to facilitate the adoption of hard-to-place children who would require permanent foster care placement without such assistance.
04	Full	No	Adoption Assistance Program/Aid for Adoption of Children (AAP/AAC) (non-FFP). Covers cash grant children receiving Medi-Cal by virtue of eligibility to AAP/AAC benefits.
07	Restricted to emergency services	No	Asset Waiver Program. Infant – Undocumented/Non-immigrant Alien (but otherwise eligible). Provides emergency services only for infants up to age 1 year and continues beyond 1 year when inpatient status, which began before 1 st birthday, continues and family income is between 185 percent and 200 percent of the Federal poverty level (State-only program).
08	Full	No	Entrant Cash Assistance (ECA) (FFP). Provides ECA benefits to Cuban/Haitian entrants, including unaccompanied children who are eligible, during their first eight months in the United States. (For entrants, the month begins with their date of parole.) Unaccompanied children are not subject to the eighth-month limitation provision.
1E	Full	No	<u>Craig v. Bonta</u> – Continued Eligibility for the Aged. Covers former Supplemental Security Income/State Supplemental Payment (SSI/SSP) recipients, who are aged, until the county determines their Medi-Cal eligibility.
1H	Full	No	Federal Poverty Level – Aged (FPL-Aged). Provides full scope (no SOC) Medi-Cal to qualified aged individuals/couples.
1U	Restricted to pregnancy and emergency services	No	Restricted Federal Poverty Level – Aged (Restricted FPL-Aged). Provides emergency and pregnancy-related benefits (no SOC) to qualified aged individuals/couples who do not have satisfactory immigration status.
1X	Full	No	Aid to the Aged – Multipurpose Senior Services Program (MSSP) (FFP). Covers persons 65 years of age or older who are eligible for Medi-Cal inpatient care in a nursing facility. Provides an MSSP waiver with full-scope benefits, no SOC, for transitional and non-transitional services.
1Y	Full	Yes	Aid to the Aged – MSSP (FFP). Covers persons 65 years of age or older who are eligible for Medi-Cal inpatient care in a nursing facility. Provides an MSSP waiver with full-scope benefits and SOC, for transitional and non-transitional services.
10	Full	No	SSI/SSP Aid to the Aged (FFP). A cash assistance program administered by the SSA, which pays a cash grant to needy persons 65 years of age or older.
13	Full	Y/N	Aid to the Aged – LTC (FFP). Covers persons 65 years of age or older who are medically needy and in LTC status.
14	Full	No	Aid to the Aged – Medically Needy (FFP). Covers persons 65 years of age or older who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only.

Code	Benefits	SOC	Program/Description
16	Full	No	Aid to the Aged – Pickle Eligibles (FFP). Covers persons 65 years of age or older who were eligible for and receiving SSI/SSP and Title II benefits concurrently in any month since April 1977 and were subsequently discontinued from SSI/SSP but would be eligible to receive SSI/SSP if their Title II cost-of-living increases were disregarded. These persons are eligible for Medi-Cal benefits as public assistance recipients in accordance with the provisions in the <u>Lynch v. Rank</u> lawsuit.
17	Full	Yes	Aid to the Aged – Medically Needy, SOC (FFP). Covers persons 65 years of age or older who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC required.
18	Full	No	Aid to the Aged – IHSS (FFP). Covers aged IHSS cash recipients, 65 years of age or older, who are not eligible for SSI/SSP cash benefits.
2A	Full	No	Abandoned Baby Program. Provides full-scope benefits to children up to 3 months of age who were voluntarily surrendered within 72 hours of birth pursuant to the Safe Arms for Newborns Act.
<u>2E</u>	<u>Full</u>	<u>No</u>	<u>Craig v. Bonta - Continued Eligibility for the Blind. Covers former SSI/SSP recipients, who are blind, until the county determines their Medi-Cal eligibility.</u>
20	Full	No	SSI/SSP Aid to the Blind (FFP). A cash assistance program, administered by the SSA, which pays a cash grant to needy blind persons of any age.
23	Full	Y/N	Aid to the Blind – LTC Status (FFP). Covers persons who meet the federal criteria for blindness, are medically needy, and are in LTC status.
24	Full	No	Aid to the Blind – Medically Needy (FFP). Covers persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only.
26	Full	No	Aid to the Blind – Pickle Eligibles (FFP). Covers persons who meet the federal criteria for blindness and are covered by the provisions of the <u>Lynch v. Rank</u> lawsuit. (See aid code 16 for definition of Pickle eligibles.)
27	Full	Yes	Aid to the Blind – Medically Needy, SOC (FFP). Covers persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC is required of the beneficiaries.
28	Full	No	Aid to Blind – IHSS (FFP). Covers persons who meet the federal definition of blindness and are eligible for IHSS. (See aid code 18 for definition of eligibility for IHSS.)
3A	Full	No	<u>Safety Net - All Other Families, California Work Opportunity and Responsibility to Kids (CalWORKs), Timed-Out, Child-Only Case. Provides for continued cash assistance and Medi-Cal coverage for children whose parents were discontinued from cash assistance and removed from the Assistance Unit (AU) due to reaching the CalWORKs 60-month time limit.</u>
3C	Full	No	<u>Safety Net - Two-Parent Families, CalWORKs, Timed-Out, Child-Only Case. Provides continued cash assistance and Medi-Cal coverage for children whose parents were discontinued from cash assistance and removed from the AU due to reaching the CalWORKs 60-month time limit.</u>
3E	Full	No	CalWORKs Legal Immigrant – Family Group (FFP). Provides aid to families in which a child is deprived because of the absence, incapacity or death of either parent.

Code	Benefits	SOC	Program/Description
3G	Full	No	AFDC-FG (State only) (non-FFP cash grant FFP for Medi-Cal eligibles). Provides aid to families in which a child is deprived because of the absence, incapacity or death of either parent, who does <u>not</u> meet all federal requirements, but State rules require the individual(s) be aided. This population is the same as aid code 32, except that they are exempt from the AFDC grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.
3H	Full	No	AFDC-FU (State only) (non-FFP cash grant FFP for Medi-Cal eligibles). Provides aid to pregnant women (before their last trimester) who meet the federal definition of an unemployed parent but are not eligible because there are no other children in the home. This population is the same as aid code 33, except that they are exempt from the AFDC grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.
3L	Full	No	CalWORKS Legal Immigrant – Family Group (FFP). Provides aid to families in which a child is deprived because of the absence, incapacity or death of either parent.
3M	Full	No	CalWORKS Legal Immigrant – Unemployed (FFP). Provides aid to families in which a child is deprived because of the unemployment of a parent living in the home.
3N	Full	No	AFDC – Mandatory Coverage Group Section 1931(b) (FFP). Section 1931 requires Medi-Cal be provided to low-income families who meet the requirements of the Aid to Families with Dependent Children (AFDC) State Plan in effect July 16, 1996.
3P	Full	No	AFDC Unemployed Parent (FFP cash) – Aid to Families in which a child is deprived because of the unemployment of a parent living in the home and the unemployed parent meets all federal AFDC eligibility requirements. This population is the same as aid code 35, except that they are exempt from the AFDC grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.
3R	Full	No	AFDC – Family Group (FFP) in which the child(ren) is deprived because of the absence, incapacity or death of either parent. This population is the same as aid code 30, except that they are exempt from the AFDC grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.
3T	Restricted to pregnancy and emergency services	No	Initial Transitional Medi-Cal (TMC) (FFP). Provides six months of emergency and pregnancy-related initial TMC benefits (no SOC) for aliens who do not have satisfactory immigration status (SIS) and have been discontinued from Section 1931(b) due to increased earnings from employment.
3U	Full	No	CalWORKS Legal Immigrant – Unemployed (FFP). Provides aid to families in which a child is deprived because of the unemployment of a parent living in the home.

Code	Benefits	SOC	Program/Description
3V	Restricted to pregnancy and emergency services	No	Section 1931(b). Provides emergency and pregnancy-related benefits (no SOC) for aliens without SIS who meet the income, resources and deprivation requirements of the AFDC State Plan in effect July 16, 1996. <u>(FFP for emergency services including labor and delivery. State-only for pregnancy-related services.)</u>
3W	Full	No	TANF–Timed out, mixed case (State-only program). Recipients who have reached their TANF 60-month time limit, remain eligible for CalWORKs and the family includes at least one non-federally eligible recipient.
30	Full	No	AFDC-FG (FFP). Provides aid to families with dependent children in a family group in which the child(ren) is deprived because of the absence, incapacity or death of either parent.
32	Full	No	TANF–Timed out. Recipients who have reached their TANF 60-month time limit and remain eligible for CalWORKs.
33	Full	No	AFDC – Unemployed Parent (State-only program) (non-FFP cash grant FFP for Medi-Cal eligibles). Provides aid to pregnant women (before their last trimester) who meet the federal definition of an unemployed parent but are not eligible because there are no other children in the home.
34	Full	No	AFDC-MN (FFP). Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant but are eligible for Medi-Cal only.
35	Full	No	AFDC-U (FFP cash). Provides aid to families in which a child is deprived because of unemployment of a parent living in the home, and the unemployed parent meets all federal AFDC eligibility requirements.
36	Full	No	Aid to Disabled Widow/ers (FFP). Covers persons who began receiving Title II SSA before age 60 who were eligible for and receiving SSI/SSP and Title II benefits concurrently and were subsequently discontinued from SSI/SSP but would be eligible to receive SSI/SSP if their Title II disabled widow/ers reduction factor and subsequent COLAs were disregarded.
37	Full	Yes	AFDC-MN (FFP). Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC required of the beneficiaries.
38	Full	No	Continuing Medi-Cal Eligibility (FFP). <u>Edwards v. Kizer</u> court order provides for uninterrupted, no SOC Medi-Cal benefits for families discontinued from <u>CalWORKs</u> until the family's eligibility or ineligibility for Medi-Cal only has been determined and an appropriate <i>Notice of Action</i> sent.
39	Full	No	Initial Transitional Medi-Cal (TMC) – Six Months Continuing Eligibility (FFP). Provides coverage to certain clients subsequent to <u>CalWORKs</u> cash grant <u>or Section 1931(b) program</u> discontinuance due to increased earnings <u>or</u> increased hours of employment.
4A	Full	No	Adoption Assistance Program (AAP). Program for AAP children for whom there is a state-only AAP agreement between any state other than California and adoptive parent(s).

Code	Benefits	SOC	Program/Description
4C	Full	No	AFDC-FC Voluntarily Placed (Fed) (FFP). Provides financial assistance for those children who are in need of substitute parenting and who have been voluntarily placed in foster care.
4F	Full	No	Kinship Guardianship Assistance Payment (Kin-GAP). Federal program for children in relative placement receiving cash assistance.
4G	Full	No	Kin-GAP. State-only program for children in relative placement receiving cash assistance.
4K	Full	No	Emergency Assistance (EA) Program (FFP). Covers juvenile probation cases placed in foster care.
4M	Full	No	Former Foster Care Children (FFCC) 18 through 20 years of age. Provides full-scope Medi-Cal benefits to former foster care children who were receiving benefits on their 18th birthday in aid codes 40, 42, 45, 4C and 5K and who are under 21 years of age.
40	Full	No	AFDC-FC/Non-Fed (State FC). Provides financial assistance for those children who are in need of substitute parenting and who have been placed in foster care.
42	Full	No	AFDC-FC/Fed (FFP). Provides financial assistance for those children who are in need of substitute parenting and who have been placed in foster care.
44	Restricted to pregnancy-related services	No	Income Disregard Program. Pregnant (FFP) – <u>Covers</u> United States Citizen/ <u>U.S. National and aliens with satisfactory immigration status including lawful</u> Permanent Resident Aliens/ <u>Amnesty Aliens and</u> PRUCOL Aliens. Provides family planning, pregnancy-related and postpartum services for any age female if family income is at or below 200 percent of the federal poverty level.
45	Full	No	Children Supported by Public Funds (FFP). Children whose needs are met in whole or in part by public funds other than AFDC-FC.
47	Full	No	Income Disregard Program (FFP). Infant – United States Citizen, Permanent Resident Alien/PRUCOL Alien. Provides full Medi-Cal benefits to infants up to 1-year-old and continues beyond 1 year when inpatient status, which began before 1 st birthday, continues and family income is at or below 200 percent of the federal poverty level.
48	Restricted to pregnancy-related services	No	Income Disregard Program. Pregnant – <u>Covers aliens who do not have lawful Permanent Resident Alien, PRUCOL or Amnesty Alien status (including undocumented aliens)</u> , but <u>who are</u> otherwise eligible <u>for Medi-Cal</u> . Provides family planning, pregnancy-related and postpartum services for any age female, if family income is at or below 200 percent of the federal poverty level. Routine prenatal care is non-FFP. Labor, delivery and emergency prenatal care are FFP.

Code	Benefits	SOC	Program/Description
5F	Restricted to pregnancy and emergency services	Y/N	OBRA Aliens. Covers <u>pregnant alien women who do not have lawful Permanent Resident Alien, PRUCOL or Amnesty Alien status (including undocumented aliens)</u> , but who are otherwise eligible for Medi-Cal.
5J	Restricted to pregnancy-related and emergency services	No	Pending Disability Program. Covers recipients whose linkage has to be re-determined under Senate Bill 87 (SB 87) requirements. Services restricted due to unsatisfactory immigration status. Recipients have a potential new linkage of disability with no SOC.
5K	Full	No	Emergency Assistance (EA) Program (FFP). Covers child welfare cases placed in EA foster care.
5R	Restricted to pregnancy-related and emergency services	Yes	Pending Disability Program. Covers recipients whose linkage has to be re-determined under SB 87 requirements. Services restricted due to unsatisfactory immigration status. Recipients have a potential new linkage of disability with an SOC.
5T	Restricted to pregnancy and emergency services	No	Continuing TMC (FFP). Provides an additional six months of continuing emergency and pregnancy-related TMC benefits (no SOC) to qualifying aid code 3T recipients.
5W	Restricted to pregnancy and emergency services	No	Four Month Continuing (FFP). Provides four months of emergency and pregnancy-related benefits (no SOC) for aliens without SIS who are no longer eligible for Section 1931(b) due to the collection or increased collection of child/spousal support.

Code	Benefits	SOC	Program/Description
5X	Full	No	Second Year Transitional Medi-Cal (TMC). Provides a second year of full-scope (no SOC) TMC benefits for citizens and qualified aliens age 19 and older who have received six months of additional full-scope TMC benefits under aid code 59 and who continue to meet the requirements of additional TMC (State-only program).
5Y	Restricted to pregnancy and emergency services	No	Second Year TMC (State-only program). Provides a second year of continuing emergency and pregnancy-related TMC benefits (no SOC) to <u>aliens without satisfactory immigration status who have received benefits under</u> aid code 5T <u>and are</u> 19 years of age or older.
50	Restricted to CMSP emergency services only	Y/N	CMSP. MI – Restricted. Covers persons who have undetermined immigration status.
53	Restricted to LTC services only	Y/N	Medically Indigent – LTC (Non-FFP). Covers persons age 21 or older and under 65 years of age who are residing in a Nursing Facility Level A or B with or without SOC.
54	Full	No	Four-Month Continuing Eligibility (FFP). Covers persons discontinued from <u>CalWORKs or Section 1931(b)</u> due to the increased collection of child/spousal support payments but eligible for Medi-Cal only.
55	Restricted to pregnancy and emergency services	No	Aid to Undocumented Aliens in LTC Not PRUCOL. Covers undocumented aliens in LTC not PRUCOL. LTC services: State-only funds; emergency and pregnancy-related services: State and federal funds. Recipients will remain in this aid code even if they leave LTC.
58	Restricted to pregnancy and emergency services	Y/N	OBRA Aliens. Covers <u>aliens who do not have lawful</u> Permanent Resident Alien, PRUCOL or Amnesty Alien status <u>(including undocumented aliens)</u> , but who are otherwise eligible for Medi-Cal.

Code	Benefits	SOC	Program/Description
59	Full	No	Additional TMC – Additional Six Months Continuing Eligibility (FFP). Covers persons discontinued from AFDC due to the expiration of the \$30 plus 1/3 disregard, increased earnings or hours of employment, but eligible for Medi-Cal only, may receive this extension of TMC.
6A	Full	No	Disabled Adult Child(ren) (DAC)/Blindness (FFP).
6C	Full	No	Disabled Adult Child(ren) (DAC)/Disabled (FFP).
6E	Full	No	<u>Craig v. Bonta - Continued Eligibility for the Disabled. Covers former SSI/SSP recipients, who are disabled, until the county determines their Medi-Cal eligibility.</u>
6G	Full	No	250 Percent Program Working Disabled. Provides full-scope Medi-Cal benefits to working disabled recipients who meet the requirements of the 250 Percent Program.
6H	Full	No	Federal Poverty Level – Disabled (FPL-Disabled). Provides full-scope (no SOC) Medi-Cal to qualified disabled individuals/couples.
6J	Full	No	SB 87 Pending Disability Program. Provides full-scope (no SOC) benefits to recipients 21 to 65 years of age, who have lost their non-disability linkage to Medi-Cal and are claiming disability. Medi-Cal coverage continues uninterrupted during the determination period.
6N	Full	No	Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA)/No Longer Disabled Recipients (FFP). Former SSI disabled recipients (adults and children not in aid code 6R) who are appealing their cessation of SSI disability.
6P	Full	No	PRWORA/No Longer Disabled Children (FFP). Covers children under age 18 who lost SSI cash benefits on or after July 1, 1997, due to PRWORA of 1996, which provides a stricter definition of disability for children.
6R	Full	Yes	SB 87 Pending Disability Program. Provides full-scope SOC benefits to recipients 21 to 65 years of age, who have lost their non-disability linkage to Medi-Cal and are claiming disability. Medi-Cal coverage continues uninterrupted during the determination period.
6U	Restricted to pregnancy and emergency services	No	Restricted Federal Poverty Level – Disabled (Restricted FPL-Disabled) Provides emergency and pregnancy-related benefits (no SOC) to qualified disabled individuals/couples who do not have satisfactory immigration status.
6V	Full	No	Aid to the Disabled – DDS Waiver (FFP). Covers persons who qualify for the Department of Developmental Services (DDS) Regional Waiver.

Code	Benefits	SOC	Program/Description
6W	Full	Yes	Aid to the Disabled – DDS Waiver (FFP). Covers persons who qualify for the DDS Regional Waiver.
6X	Full	No	Aid to the Disabled – Model Waiver (FFP). Covers persons who qualify for the Model Waiver.
6Y	Full	Yes	Aid to the Disabled – Model Waiver (FFP). Covers persons who qualify for the Model Waiver.
60	Full	No	SSI/SSP Aid to the Disabled (FFP). A cash assistance program administered by the SSA that pays a cash grant to needy persons who meet the federal definition of disability.
63	Full	Y/N	Aid to the Disabled – LTC Status (FFP). Covers persons who meet the federal definition of disability who are medically needy and in LTC status.
64	Full	No	Aid to the Disabled – Medically Needy (FFP). Covers persons who meet the federal definition of disability and do not wish or are not eligible for cash grant, but are eligible for Medi-Cal only.
65	Full	Y/N	Aid to the Disabled Substantial Gainful Activity/Aged, Blind, Disabled – Medically Needy IHSS (non-FFP). Covers persons who (a) were once determined to be disabled in accordance with the provisions of the SSI/SSP program and were eligible for SSI/SSP but became ineligible because of engagement in substantial gainful activity as defined in Title XVI regulations. They must also continue to suffer from the physical or mental impairment that was the basis of the disability determination or (b) are aged, blind or disabled medically needy and have the costs of IHSS deducted from their monthly income.
66	Full	No	Aid to the Disabled Pickle Eligibles (FFP). Covers persons who meet the federal definition of disability and are covered by the provisions of the Lynch v. Rank lawsuit. No age limit for this aid code.
67	Full	Yes	Aid to the Disabled – Medically Needy, SOC (FFP). (See aid code 64 for definition of Disabled – MN.) SOC is required of the recipients .
68	Full	No	Aid to the Disabled IHSS (FFP). Covers persons who meet the federal definition of disability and are eligible for IHSS. (See aid codes 18 and 65 for definition of eligibility for IHSS.)

Code	Benefits	SOC	Program/Description
69	Restricted to emergency services	No	Income Disregard Program. Infant (FFP) – Undocumented/Nonimmigrant Alien (but otherwise eligible). Provides emergency services only for infants under 1 year of age and beyond 1 year when inpatient status, which began before 1st birthday, continues and family income is at or below 200 percent of the federal poverty level.
7A	Full	No	100 Percent Program. Child (FFP) – United States Citizen, Lawful Permanent Resident/PRUCOL/(IRCA Amnesty Alien [ABD or Under 18]). Provides full benefits to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status began before the 19th birthday and family income is at or below 100 percent of the federal poverty level.
7C	Restricted to pregnancy and emergency services	No	100 Percent Program. Child – Undocumented/Nonimmigrant Status/[IRCA Amnesty Alien (Not ABD or Under 18)]. Covers emergency and pregnancy-related services to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the federal poverty level.
7F	Valid for pregnancy verification office visit	No	Presumptive Eligibility (PE) – Pregnancy Verification (FFP). This option allows the Qualified Provider to make a determination of PE for outpatient prenatal care services based on preliminary income information. 7F is valid for pregnancy test, initial visit, and services associated with the initial visit. Persons placed in 7F have pregnancy test results that are negative.
7G	Valid only for ambulatory prenatal care services	No	Presumptive Eligibility (PE) – Ambulatory Prenatal Care Services (FFP). This option allows the Qualified Provider to make a determination of PE for outpatient prenatal care services based on preliminary income information. 7G is valid for Ambulatory Prenatal Care Services. Persons placed in 7G have pregnancy test results that are positive.
7H	Valid only for TB-related outpatient services	No	Medi-Cal Tuberculosis (TB) Program. Covers individuals who are TB-infected for TB-related outpatient services only.

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Code	Benefits	SOC	Program/Description
7J	Full	No	Continuous Eligibility for Children (CEC) program. Provides full-scope benefits to children up to 19 years of age who would otherwise lose their no Share of Cost Medi-Cal.
7K	Restricted to pregnancy and emergency services	No	Continuous Eligibility for Children (CEC) program. Provides emergency and pregnancy-related benefits (no Share of Cost) to children up to 19 years of age who would otherwise lose their no Share of Cost Medi-Cal.
7M	Valid for Minor Consent services	Y/N	Minor Consent Program (Non-FFP). Covers minors aged 12 and under 21. Limited to services related to Sexually Transmitted Diseases, sexual assault, drug and alcohol abuse, and family planning.
7N	Valid for Minor Consent services	No	Minor Consent Program (FFP). Covers pregnant female minors under age 21. Limited to services related to pregnancy and family planning.
7P	Valid for Minor Consent services	Y/N	Minor Consent Program (Non-FFP). Covers minors age 12 and under 21. Limited to services related to Sexually Transmitted Diseases, sexual assault, drug and alcohol abuse, family planning, and outpatient mental health treatment.
7R	Valid for Minor Consent services	Y/N	Minor Consent Program (FFP). Covers minors under age 12. Limited to services related to family planning and sexual assault.
<u>7T</u>	<u>Full</u>	<u>No</u>	<u>National School Lunch Program (NSLP) Express Enrollment. Children determined by their school to be eligible for express Medi-Cal enrollment after an evaluation of the NSLP application. Assembly Bill 59 (AB 59) Chapter 894 (Statutes of 2001) allows designated schools to share information from the NSLP with local Medi-Cal offices for the purpose of enrolling a child in Medi-Cal with no Share of Cost.</u>
7X	Full	No	Two-Month Medi-Cal to Healthy Families (MC-HF) Bridge (FFP). Provides two additional calendar months of health care benefits with no SOC, to Medi-Cal parents, caretaker relatives, legal guardians and children who appear to qualify for HF.

Code	Benefits	SOC	Program/Description
70	Restricted to pregnancy-related services	No	Asset Waiver Program (Pregnant). United States Citizen, Permanent Resident Alien/PRUCOL Alien or Undocumented/Nonimmigrant Alien (but otherwise eligible). Provides family planning, pregnancy-related, and postpartum services under the State-only funded expansion of the Medi-Cal program for a pregnant woman having income between 185 percent and 200 percent of the federal poverty level (State-Only Program).
71	Restricted to dialysis and supplemental dialysis-related services	Y/N	Medi-Cal Dialysis Only Program/Medi-Cal Dialysis Supplement Program (DP/DSP) (Non-FFP). Covers persons of any age who are eligible only for dialysis and related services.
72	Full	No	133 Percent Program. Child – United States Citizen, Permanent Resident Alien/PRUCOL Alien (FFP). Provides full Medi-Cal benefits to children ages 1 up to 6 and beyond 6 years when inpatient status, which began before 6th birthday, continues and family income is at or below 133 percent of the federal poverty level.
73	Restricted to parenteral hyperalimentation-related expenses	Y/N	Medi-Cal TPN Only Program/Medi-Cal TPN Supplement Program (Non-FFP). Covers persons of any age who are eligible for parenteral hyperalimentation and related services and persons of any age who are eligible under the Medically Needy or Medically Indigent Programs.
74	Restricted to emergency services	No	133 Percent Program (OBRA). Child Undocumented/ Nonimmigrant Alien (but otherwise eligible) (FFP). Provides emergency services only for children ages 1 up to 6 and beyond 6 years when inpatient status, which began before 6th birthday, continues and family income is at or below 133 percent of the federal poverty level.

Code	Benefits	SOC	Program/Description
75	Restricted to pregnancy-related services	No	Asset Waiver Program (Pregnant). Provides family planning, pregnancy-related, and postpartum services for amnesty aliens under the State-only funded expansion of the Medi-Cal program for a pregnant woman having income between 185 percent and 200 percent of the federal poverty level (State-Only Program).
76	Restricted to 60-day postpartum services	No	60-Day Postpartum Program (FFP). Provides Medi-Cal at no SOC to women who, while pregnant, were eligible for, applied for, and received Medi-Cal benefits. They may continue to be eligible for all postpartum services and family planning. This coverage begins on the last day of pregnancy and ends the last day of the month in which the 60th day occurs.
79	Full	No	Asset Waiver Program (Infant). Provides full Medi-Cal benefits to infants up to 1 year, and beyond 1 year when inpatient status, which began before 1st birthday, continues and family income is between 185 percent and 200 percent of the federal poverty level (State-Only Program).
8E	Full	No	<u>Accelerated Enrollment. Provides immediate, temporary, fee-for-service, full-scope Medi-Cal benefits to children under the age of 19.</u>
8F	CMSP services only (companion aid code)	Y/N	CMSP Companion Aid Code. Covers persons eligible for certain benefits under the Medi-Cal program and other benefits under CMSP. 8F is used in conjunction with Medi-Cal aid codes 52, 53 and 57 to facilitate the payment of claims for covered benefits. 8F will appear as a special aid code and will entitle the eligible client to full-scope CMSP coverage for those services not covered by Medi-Cal.
8G	Full	No	Qualified Severely Impaired Working Individual Program Aid Code. Allows recipients of the Qualified Severely Impaired Working Individual Program to continue their Medi-Cal eligibility.
8H	Family PACT (SOFP services only) No Medi-Cal	N/A	Family PACT (also known as SOFP – State-Only Family Planning). Comprehensive family planning services for low income residents of California with no other source of health care coverage.
8N	Restricted to emergency services	No	133 Percent Program (OBRA). Child Undocumented/Nonimmigrant Alien (but otherwise eligible except for excess property) (FFP). Provides emergency services only for children ages 1 up to 6 and beyond 6 years when inpatient status, which began before 6th birthday, continues, and family income is at or below 133 percent of the federal poverty level.

Code	Benefits	SOC	Program/Description
8P	Full	No	133 Percent Program. Child – United States Citizen (with excess property), Permanent Resident Alien/PRUCOL Alien (FFP). Provides full-scope Medi-Cal benefits to children ages 1 up to 6 and beyond 6 years when inpatient status, which began before 6th birthday, continues, and family income is at or below 133 percent of the Federal poverty level.
8R	Full	No	100 Percent Program. Child (FFP) – United States Citizen (with excess property), Lawful Permanent Resident/PRUCOL/(IRCA Amnesty Alien [ABD or Under 18]). Provides full-scope benefits to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the Federal poverty level.
8T	Restricted to pregnancy and emergency services	No	100 Percent Program. Child – Undocumented/Nonimmigrant Status/(IRCA Amnesty Alien [with excess property]). Covers emergency and pregnancy-related services only to otherwise eligible children ages 6 to 19 and beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the Federal poverty level.
8W	Full	No	CHDP Gateway Medi-Cal. Provides for the pre-enrollment of children into the Medi-Cal program who are screened as probable for no-cost Medi-Cal eligibility. Provides temporary full-scope Medi-Cal benefits with no SOC. The FFP for these benefits is available through Title XIX of the Social Security Act.
8X	Full	No	CHDP Gateway Healthy Families. Provides for the pre-enrollment of children into the Medi-Cal program who are screened as probable for Healthy Families eligibility. Provides temporary full-scope Medi-Cal benefits with no SOC. The FFP for these benefits is available through Title XXI of the Social Security Act.
8Y	CHDP services only	No	CHDP. Provides eligibility in the CHDP program for children who are known to Medi-Cal Eligibility Data System (MEDS) as not having citizenship or satisfactory immigration status. There is no FFP for these benefits.
80	Restricted to Medicare expenses	No	Qualified Medicare Beneficiary (QMB). Provides payment of Medicare Part A premium and Part A and B coinsurance and deductibles for eligible low income aged, blind, or disabled individuals.
81	Full	Y/N	MI – Adults Aid Paid Pending (Non-FFP). Aid Paid Pending for persons over 21 but under 65, with or without SOC.
82	Full	No	MI – Person (FFP). Covers medically indigent persons under 21 who meet the eligibility requirements of medical indigence. Covers persons until the age of 22 who were in an institution for mental disease before age 21. Persons may continue to be eligible under aid code 82 until age 22 if they have filed for a State hearing.

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Code	Benefits	SOC	Program/Description
83	Full	Yes	MI – Person SOC (FFP). Covers medically indigent persons under 21 who meet the eligibility requirements of medically indigent.
84	CMSP services only (no Medi-Cal)	No	CMSP, MI – A (Non-FFP). Covers medically indigent adults aged 21 and over but under 65 years who meet the eligibility requirements of medically indigent.
85	CMSP services only (no Medi-Cal)	Yes	CMSP, MI – A (Non-FFP). Covers medically indigent adults aged 21 and over but under 65 years, who meet the eligibility requirements of medically indigent.
86	Full	No	MI – Confirmed Pregnancy (FFP). Covers persons aged 21 years or older, with confirmed pregnancy, who meet the eligibility requirements of medically indigent.
87	Full	Yes	MI – Confirmed Pregnancy (FFP). Covers persons aged 21 or older, with confirmed pregnancy, who meet the eligibility requirements of medically indigent but are not eligible for 185 percent/200 percent or the MN programs.
88	CMSP services only (no Medi-Cal)	No	CMSP, MI – A/Disability Pending (Non-FFP). Covers medically indigent adults aged 21 and over but under 65 years who meet the eligibility requirements of medically indigent and have a pending Medi-Cal disability application.
89	CMSP services only (no Medi-Cal)	Yes	CMSP, MI – A/Disability Pending (Non-FFP). Covers medically indigent adults aged 21 and over but under 65 years who meet the eligibility requirements of medically indigent and have a pending Medi-Cal disability application.
9A	Cancer Detection Programs: Every Woman Counts only	No	<p>The Cancer Detection Programs: Every Woman Counts recipient identifier. Cancer Detection Programs: Every Woman Counts offers benefits to uninsured and underinsured women, 25 years and older, whose household income is at or below 200 percent of the Federal poverty level. Cancer Detection Programs: Every Woman Counts offers reimbursement for screening, diagnostic and case management services.</p> <p>Please note: Cancer Detection Programs: Every Woman Counts and Medi-Cal are separate programs; however, Cancer Detection Programs: Every Woman Counts relies on the Medi-Cal billing process (with few exceptions).</p>
9H	HF services only (no Medi-Cal)	No	The Healthy Families (HF) Program provides a comprehensive health insurance plan for uninsured children from 1 to 19 years of age whose family's income is at or below 200 percent of the Federal poverty level. HF covers medical, dental and vision services to enrolled children.

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Code	Benefits	SOC	Program/Description
9J	GHPP	No	GHPP-eligible. Eligible for GHPP benefits and case management.
9K	CCS	No	CCS-eligible. Eligible for all CCS benefits (i.e., diagnosis, treatment, therapy and case management).
9M	CCS Medical Therapy Program only	No	Eligible for CCS Medical Therapy Program services only.
9N	CCS Case Management	No	Medi-Cal recipient with CCS-eligible medical condition. Eligible for CCS case management of Medi-Cal benefits.
9R	CCS	No	CCS-eligible Healthy Families Child. A child in this program is enrolled in a Healthy Families plan and is eligible for all CCS benefits (i.e., diagnosis, treatment, therapy and case management).

Special Indicators: These indicators, which appear in the aid code portion of the county ID number, help Medi-Cal identify the following:

IE – Ineligible: A person who is ineligible for Medi-Cal benefits in the case. An IE person may only use medical expenses to meet the SOC for other family members associated within the same case. Upon certification of the SOC, the IE individual is not eligible for Medi-Cal benefits in this case. An IE person may be eligible for Medi-Cal benefits in another case where the person is not identified as IE.

RR – Responsible Relative: An RR is allowed to use medical expenses to meet the SOC for other family members for whom he/she is responsible. Upon certification of the SOC, an RR individual is not eligible for Medi-Cal benefits in this Medi-Cal Budget Unit (MBU). The individual may be eligible for Medi-Cal benefits in another MBU where the person is not identified as RR.

APPENDIX D

Statistical Publications Available on the Web

Report on Medi-Cal Managed Care Encounter Data for Research Purposes
January 2002

California's Medical Assistance Program – Advance Report – County Data
Calendar Years 1994 - 20021

California's Medical Assistance Program – Annual Statistical Reports
Calendar Years 1994 - 20021

Managed Care Annual Statistical Reports
Calendar Years 1998 - 2003

Medi-Cal Studies in AIDS
Calendar Years 1980 - 1994

Persons Certified Eligible for Medi-Cal
Calendar Years 2001 - 2003

Medi-Cal Funded Deliveries
Calendar Years 1994 - 2000

Medi-Cal Funded Induced Abortions
Calendar Years 1994 - 2000

Medi-Cal County Program Monthly Averages
Calendar Years 1995 -2000

Medi-Cal Program Highlights
Calendar Years 1995-2002

The data presented make up only a portion of the Medi-Cal information available from the Medical Care Statistics Section.

You can find our web page at:

<http://www.dhs.ca.gov/mcss>

APPENDIX E

Medical Care Statistics Section's Recommended Links

State of California, Department of Health Services, Center for Health Statistics
<http://www.dhs.ca.gov/hisp/chs/chsindex.htm>

State of California, Department of Health Services, Medi-Cal Benefits Branch,
Medi-Cal Drug Utilization Files
<http://www.dhs.ca.gov/mcs/mcpd/MBB/contracting/files/index.htm>

Office of Statewide Health Planning and Development – Hospital Discharge Data
<http://www.oshpd.ca.gov/>

Managed Risk Medical Insurance Board (MRMIB) – Access for Infants and Mothers (AIM), Healthy Families Program (HFP – California version of the federal Children's Health Insurance Plan of California (HIPC), and the Major Risk Medical Insurance Program (MRMIP)
<http://www.mrmib.ca.gov/>

California Department of Finance – California Demographic Information
<http://www.dof.ca.gov/>

Centers for Medicare & Medicaid Services (formerly the Health Care Financing Administration) – Medicare, Medicaid and Child Health Insurance Statistics and Data
<http://cms.hhs.gov/default.asp>

The U.S. Census Bureau – Social, Economic, and Demographic Information
<http://www.census.gov/>

UCLA Center for Health Policy
Research – Information on California's Medically Uninsured Population
<http://www.healthpolicy.ucla.edu/>

Medi-Cal Policy Institute – Independent Medi-Cal News and Analysis
<http://www.medi-cal.ca.gov/>

The Medi-Cal Website – Information for Medi-Cal Providers
<http://www.medi-cal.ca.gov/>

University of Michigan's Library Documents Center – The Center is a central reference and referral point for government information, whether local, state, federal, foreign or international. Its web pages are a reference and instructional tool for government, political science, statistical data, and news.
<http://henry.ugl.lib.umich.edu/libhome/Documents.center/>